



## **Accreditation Review Report**

**Organisation: West Coast HomeCare**

**Review Date: 28<sup>th</sup> June to 1<sup>st</sup> July 2010**



**This review was conducted according to requirements of the Quality Improvement Council (QIC) Standards and Accreditation Program.**

## **DISCLAIMER**

Accreditation status conferred by the Quality Improvement Council (QIC) Standards and Accreditation Program, including documents prepared in the assessment process, certifies that the participating organisation has met the applicable standards and participates in an ongoing quality improvement program. It does not, however, guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding requirements are being, or will be, met. Similarly, accreditation does not prevent staff of participating organisations from sometimes making mistakes.

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APPRAISAL REPORT FOR WEST COAST HOMECARE	

## **FOREWORD**

Continuous quality improvement (CQI) underpins the QIC Standards and Accreditation Program and the modules of standards. Quality is the result of a way of working rather than a single or set of events such as those leading to accreditation. There is an expectation, therefore, that all organisations will have embedded, or be in the process of embedding quality in their everyday work practices.

Central concepts of continuous quality improvement include:

- the organisation's leaders and management encourage the processes of CQI among individual staff and the organisation as a whole;
- a range of formal and informal mechanisms are used to evaluate and improve current work practices and staff are directly involved in the reflection on the efficacy of their own work and that of the organisation;
- resources are specifically allocated to CQI;
- staff and volunteers are actively acknowledged for initiatives they take in improving services and programs;
- staff are aware of the purposes, components and processes of CQI and the Plan Do Check Act cycle, and have the skills to implement them;
- quality processes are implemented in a systematic way and are evident at all levels of the organisation;
- there is an explicit and implemented process for working cooperatively, sharing and incorporating new knowledge within the organisation.

The QIC standards, the quality concepts listed above and industry wide or sector specific quality improvement themes guide the review team in its assessment of West Coast Community Services Inc trading as West Coast HomeCare (WCHC) and its service activities. The team's findings are reported as a summary description of the major issues identified, and specific areas for commendation or improvement.

## **REVIEW DETAILS**

<b>Organisation:</b>	West Coast Community Services Inc Trading as West Coast HOMECARE
<b>Executive Officer / Manager:</b>	Cheryll Williams
<b>Review contact:</b>	Helen Dalby
<b>Number of staff:</b>	4.8 full-time equivalents - FTEs
<b>Reviewers:</b>	<b>Review Team Coordinator</b> Alison Sinclair State Manager SA/WA/NT QMS
	<b>External Reviewer</b> Georgia Koronis Senior Project Officer SA/WA/NT QMS
	<b>External Reviewer</b> Christine Knox Manager, Corporate Services Centacare, Pt Pirie Diocese

This review assesses the extent to which the organisation meets the QIC *Health and Community Services Core Standards* and the *Home and Community Care National Service Standards*. The HACC NSS will be reported separately in the HACC Report with cross referencing throughout this document, particularly in Section 2.

Four levels of attainment are used consistently throughout this report to give an overall rating for each standard. The levels of attainment are:

- **Exceeded**
- **Met**
- **Met in Part**
- **Not Met**

In order to meet QIC accreditation requirements, all the Core Standards must be met.

The purpose of this accreditation review report is record the findings of the external review upon which a recommendation for accreditation is made. It is also prepared to assist name of organisation with future planning through identifying organisational strengths and achievements, areas for development and recommendations to support continuous quality improvement.

## **INTRODUCTION**

### **Scope of review**

The Scope of this review included the West Coast HomeCare, (WCHC), trading name of the West Coast Community Services Inc. Other responsibilities of the West Coast Community Services Inc, including Jack Martin Court and Celebrating Seniors Week, although administratively supported by WCHC, do not formally fall under the WCHC and as such have been excluded from this accreditation process.

### **Evidence Trail**

This report represents a summary of findings from:

- Analysis of Quality Journal;
- Direct interviews with three Board members; three consumers/carers; two Care Managers; two staff; the Executive Officer; four Stakeholders;
- Observations at WCHC Pt Lincoln premises, including fire equipment and safety measures, office settings and work practices;
- Completed site inspection form regarding WCHC prepared by staff;
- Documentation of client record and contractor record audits, consumer and contractor surveys;
- Complaints file and register;
- Policies and Procedures Manual;
- Strategic Planning Folder and feedback and minutes;
- Financial audit for year end June 30<sup>th</sup> 2009 by Hazel Newman and Associates;
- Annual Report 2008/9;
- Staff and Board Minutes;
- Directors Handbook, Staff and Contractor Induction Kits, Executive Officers Handbook;
- Website, Governance, Contractor and other training and induction Power Point Presentations available on the general drive.

### **Organisational Context and History**

West Coast Community Services was originally known as Lower Eyre Peninsula Accommodation for the Disabled Inc (LEPAD) and was formed in 1987 to lobby for the needs of those with profound disability. It changed its name in 2002/3. It is the auspicing body for West Coast HomeCare which covers three Local Government areas, City of Pt Lincoln, District Council of Tumby Bay and the District Council of the Lower Eyre Peninsula.

WCHC has had two new Executive Officers in the last couple of years, the most recent having been in the position for approximately 12 months. Despite this change in leadership, there appears to be stability, a clear direction, Board engagement and leadership, good cohesion and a staff group that have taken on greater levels of responsibility and multi-skilling across the small staff team.

## **Section summaries**

### **Section 1. Building quality organisations**

WCHC has recently completed a major strategic planning exercise with Board, Staff, Contractor and Consumer/Carer participation. There are good systems in place for operational planning, risk management and knowledge management. All policies have been reviewed in the last six months and there remains a strong commitment to continuous quality improvement and a good awareness of challenges and planned strategies for sustainable growth. Areas for improvement were identified in this section relating to updates for legislative changes and simplifying systems to better reflect the size and small staff numbers at WCHC. Improvements to aspects of client record audits were also recommended in this section.

### **Section 2. Providing quality services and programs**

The requirements for these Standards were met. There is an effective system to guide the provision of services, based on a client centred participative model of care planning and monitoring and reporting on outcomes as appropriate. Strengths of the Service Provision system include the clear analysis of data on community need, the provision of flexible, client centred services, the reach of the service to people in remote parts of the region, across the full seven day week, in a manner that responds to their requirements and individual circumstances. Consumer participation from service delivery through to Board level is strong.

Areas for on going attention include simplifying client information about rights and complaints, along with increased outputs in relation to Aboriginal and Torres Strait Islander (ATSI) clients and continuing work to maximise access to consumers from Culturally and Linguistically Diverse (CALD) and ATSI communities. Ongoing monitoring and improvement to the contractor model is also important to ensure continuing quality of services and a close monitoring of client and stakeholder satisfaction.

### **Section 3. Sustaining quality external relationships**

WCHC achieved a met rating in all standards in this section. They have strong partnerships with other agencies and services in the region and good communication with major funders around service agreements and outputs. Collaboration is part of their culture, as well as being an essential part of working in a rural community with limited community services and resources. The partnership with the Alzheimer's Association and the Memory Lane program has been nominated for a regional award. This is one example of how WCHC's commitment to a partnership approach has received external recognition. As a result this program has been able to expand available information and support for the community. Service Agreements are well monitored with outputs having been re negotiated recently to better reflect demand and contracts have been consolidated. The only suggestion made for improvement in this area was that services and programs should undergo more formal evaluation to confirm the outcomes of these initiatives in a way that would enable their work to be shared through conferences or regional forums etc.

## **Overall summary**

WCHC should be congratulated for their ongoing commitment to external scrutiny and accreditation. This goes to the heart of their concern for ensuring good practice, good reputation and long term sustainability. There is strong evidence that the systems developed for the management of WCHC have not only been well maintained over the past three year quality cycle, but have been improved. The awareness about the environment in which they operate, as reflected in their strategic priorities and business plan, is another indication of forward thinking.

The main messages for a service with such a small staffing establishment and such a big reach in the community is to continue to monitor the quality and systems supporting their contractor pool; to keep systems and processes simple to reflect the organisational size, and to take a greater focus on formal monitoring and collation of informal and formal feedback, comments and complaints from clients and stakeholders. The contractor model may result in WCHC being one step removed from the feedback and concerns in the field and the continuing identification and implementation of strategies to improve and support this service model is encouraged. WCHC is also encouraged to continue to work with the ATSI and CALD communities, including other CALD and ATSI agencies to ensure good access to services in the region.

The review team would like to congratulate the service, their staff and the contractors for their commitment to services in sometimes remote and challenging situations, with a clear commitment to client centred service delivery.

## **Accreditation Status**

WCHC was unable to meet all the requirements for QIC Accreditation at the time of the external review and was given a three month period of grace to address the issues identified below:

### **Standards:**

- 1.5 Knowledge Management: Recording of client Details in Staff Meeting Minutes
- 1.7 Legislative Compliance: Register for Legislative Updates and develop a system for implementation; formally specify the Privacy Officer and conducting a Privacy Audit

These requirements were addressed during the three month period of grace and have now been re-assessed as MET. The Accreditation Review Report of WCHC will be presented to QIC with a recommendation for accreditation.

## **Acknowledgements**

The review team would like to thank all the team and Board members who participated in the review, both in terms of preparation, self assessment and support to the review whilst in progress. The documentation provided a good understanding of where things were at, there was an open approach to feedback and issues raised, with a committed spirit of continuous improvement, flexibility and client centred services.

## **LEVEL OF ATTAINMENT FOR EACH STANDARD – CORE STANDARDS**

### **Health and Community Services Core Module**

#### **SECTION 1 – Building quality organisations**

CORE 1.1	Leadership and Management	This standard was MET
CORE 1.2	Human resources	This standard was MET
CORE 1.3	Physical resources	This standard was MET
CORE 1.4	Financial management	This standard was MET
CORE 1.5	Knowledge management	This standard was MET
CORE 1.6	Risk assessment and management	This standard was MET
CORE 1.7	Legal and regulatory compliance	This standard was MET

#### **SECTION 2 – Providing quality services and programs**

CORE 2.1	Identifying and meeting community needs	This standard was MET
CORE 2.2	Focusing on positive outcomes	This standard was MET
CORE 2.3	Ensuring cultural safety and appropriateness	This standard was MET
CORE 2.4	Confirming consumer rights	This standard was MET
CORE 2.5	Empowerment consumers	This standard was MET
CORE 2.6	Coordinating services and programs	This standard was MET

#### **SECTION 3 – Sustaining external quality relationships**

CORE 3.1	Service agreements and partnerships	This standard was MET
CORE 3.2	Collaboration and strategic positioning	This standard was MET
CORE 3.3	Incorporation and contribution to good practice	This standard was MET
CORE 3.4	Community and professional capacity building	This standard was MET

## **REPORT OF REVIEW FINDINGS BY SECTION AND STANDARD**

### **CORE SECTION 1 BUILDING QUALITY ORGANISATIONS**

#### **CORE 1.1**

**Leadership and management build a collective sense of purpose and direction that enable the organisation’s philosophy, goals and service priorities to be identified and met**

**This standard was MET**

#### **Key system strengths relating to this standard:**

- Dedicated Board with a wide range of skills
- Good Team spirit within the management and staff, with respectful relationships between staff and Board members
- Documented Governance policy and procedure that is current and addresses both clinical and corporate governance;
- The Directors Handbook provides an accessible and succinct resource for the Board regarding their responsibilities;
- Recent Strategic planning was inclusive of staff, Board, consumer/carers and contractor which has resulted in a high degree of commitment to the strategic plan across the organisation
- Conscious attempt at succession planning through multi skilling and supporting further studies for staff;
- Alignment of Strategic Key Priorities with Board agenda, EO reports and staff meeting agendas, ensures good reporting and ongoing monitoring and focus on the strategic plan
- Transparent and inclusive leadership at the EO/Manager level supports strong team work and succession planning

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
Board applications require sign off against the constitutional objectives but not explicitly against a code of conduct, incorporating commitment to current values and vision of the service and declaration of conflict of interest etc.	That WCHC develop a code of conduct for all Board members that is signed at the beginning of their term of office and renewed at each new term, reflecting their commitment to the strategic direction, vision and values of WCHC.
WCHS is the trading name of WCCS, who have additional responsibility for a disability respite facility and some other activities. This separate identity is becoming increasingly unnecessary as the organisation and the Board becomes more and more as one.	That the Board review the need for the separation of West Coast Community Services Incorporated and the trading name, West Coast HomeCare in the coming 3 years; as the role and responsibility of the two are largely the same, with some minor differences. This would simplify the structure for the future.

<p>WCHC have introduced a clinical governance policy to their suite of policies which recognises the quality audits and action plans, professional development and credentialing, and references evidence based practice and incident management.</p>	<p>That WCHC continue to refine the understanding of clinical governance at the Board level, with more regular reporting of clinical governance matters at the Board level and /or the documentation of the clinical governance framework in a little more detail – showing how various aspects are addressed and managed.</p>
<p>Policies and procedures are comprehensive however some differences where noted, and duplication of information in different policies, and they do not clearly document related procedures and forms, nor relevant legislation.</p>	<p>That WCHC develop Policy development guidelines that include review, development and endorsement practices and a Policy Template which includes an item to list legislation &amp;/or standards where relevant and also capacity to list all other associated forms and procedures.</p> <p>Take Care not to duplicate copies of P&amp;P in multiple folders to prevent use of out of date policies but rather refer to where they can be found, or provide electronic links, so out of date documents do not remain in other places (e.g. Complaints folder, Directors Folder, Contractors and Client Packages and Staff induction etc).</p>
<p>Stakeholder engagement through partnerships, meetings, networking and MoU's are excellent at the service level. It is planned that the newly developed strategic plan will be distributed to all stakeholders.</p>	<p>WCHS are encouraged to seek stakeholder feedback though anonymous means (eg. survey) on a regular basis (eg annual) to ensure an ongoing understanding of their profile and reputation in the field.</p>
<p>There is little or no evidence of recent complaints and no system level approach to these. There is also some reluctance around actively seeking feedback on strategic planning etc. due to the competitive nature of the sector.</p>	<p>WCHC should review their complaint policy and procedure to encourage more recording of informal complaints, as well as resolved issues, complaints and feedback to assist in identifying trends at the Board level for risk management and CQI across the system. The complaints management system could include developing KPI's.</p>
<p>CQI processes are driven largely by requirements of Quality Frameworks. However, many recommendations raised three years ago in the CQI areas have not been addressed with only essential recommendations being picked up in the Quality Workplan. Whilst some of this ay have been a resource based decision, a greater consideration of the underlying issues may be required. CQI recommendations in one review may well reemerge as essential recommendations at the next, as issues continue to emerge.</p>	<p>Ensure a culture of continuous quality improvement not compliance is imbedded by prioritising CQI recommendations based on the underlying issues and impact and by looking for ways to actively seek feedback and encourage QI suggestions from contractors, stakeholders and clients.</p>

**CORE 1.2**

**Human resources are managed to create an effective and competent service.**

**This standard was MET**

**Key system strengths relating to this standard:**

- The recent changes in management appear to have been well received with a strong sense of team work, clarity of purpose and commitment emanating from Board members, managers, staff and contractors;
- Structures including team and staff meetings have resulted in greater transparency and multi-skilling across the team regarding management processes;
- Diversity and spread of Certificate III qualified contractors across the region has provided a flexible work force and this has been recognised and appreciated by stakeholders
- Training and staff development is offered and provided to all staff including attendance at relevant conferences. This is strongly supported at Board level to enable staff to keep updated with industry developments.
- Demonstrated commitment to OHS&W requirements with a Staff Representative and a Responsible Officer both trained through a reputable training provider.
- Comprehensive training and development records kept are available online and in staff personnel files.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
<p>Contractor model has resulted in a limited ability to provide or require training of contractor pool; however this may well begin to affect the appeal of WCHC's contractors to other stakeholders and may limit growth and/or community acceptance/profile.</p>	<p>That WCHC develop requirements for their contractors that include attendance at regular training appropriate to their role including manual handling, critical incident reporting, mandatory notification, medication management, child safe environment, dementia etc.</p> <p>Additionally a system of Continuing Professional Development hours could be considered, which requires at least so many hours training per year to remain eligible as contractors;</p> <p>An annual regional meeting of contractors is also suggested to encourage interaction between staff and contractors, and between contractors;</p> <p>Possible incentive payments could be negotiated for contractors who have undertaken specialist training.</p>

<p>Although there are currently no volunteers involved in WCHC, there is a strong possibility of the introduction of volunteers into the service with the inception of Broadband for Seniors program to commence shortly.</p>	<p>When volunteers are introduced, that WCHC develops systems that are in line with the National Volunteer standards.</p>
<p>While staff training and development is well documented, supported by the Appraisal system and is recorded both online and in client files, there is no evidence of a Training Needs Analysis to support both mandatory and 'as needed' training by staff.</p>	<p>That WCHC develop, in consultation with staff, a Training Needs Analysis (TNA) which outlines the mandatory training which is required by all staff, eg First Aid, Violence in the Workplace, Child Safe Environments, Defensive Driving etc. The TNA should also include training that is required for individual employees in accordance with their role and their Appraisal.</p>
<p>Some HR documentation (accessed electronically) appears to be out of date i.e. Employee Induction Manual</p>	<p>Updating of all documentation provided to staff, contractors, volunteers and clients (including Induction Manuals, Handbooks and brochures) be regularly checked for currency.</p>
<p>Although staff appear well informed of the HR systems and relative legislation, there is no evidence to support that HR forms part of the Induction process..</p>	<p>When staff are inducted into WCHC, they should be provided with information which outlines the HR systems of the organisation and the legislation under which it operates.</p> <p>This may be done by inclusion in the Employees Induction Manual, or by separate coverage.</p>
<p>Job and Person Specifications are not dated with a review date.</p>	<p>To ensure that job and person specifications are reviewed annually, or at least regularly, a date for review should be included in the path contained as a footer on the document.</p>
<p>A central register of Contractors is maintained by the Care Managers which details one on one training in medications administration by Contractors. This training is provided by the Care Managers who are Registered Nurses and who oversee the administration of medications to clients. It should be noted that medications may only be administered by Contractors from the Webster packs provided to the client.</p>	<p>That records of this training be included in the Contractor's personnel file for ready access.</p>
<p>Training in general is not provided to Contractors by WCHC. The onus is on the Contractor to source their own training.</p> <p>There is no evidence available to measure equitability between Contractors regarding their own professional and/or personal development through networking opportunities.</p>	<p>It would be advantageous for WCHC as the contracting agency to organise an annual/bi-annual meeting/training day for Contractors for which attendance is recorded in their personnel files. This would provide a means for WCHC to ensure that Contractors are treated equitably with regards to networking and training opportunities.</p>

<p>Contractor Personnel Files – details regarding current Driver’s License and copies of 3<sup>rd</sup> party motor vehicle insurance if transporting clients.</p>	<p>That these items form part of the checklist in contractor personnel files</p>
<p>Contractor Induction Pack</p>	<p>All documentation pertaining to Contractors to be included in a ‘pack’ which is provided to the Contractor upon accepting a contract. This should include Legislation, Client Rights and Responsibilities, Contractor Rights and Responsibilities, Duty of Care, OHS&amp;W guidelines, HACCC Standards, general information, ABN application forms and any other information which it is essential for Contractors to know or be availed of.</p>
<p>Staff Safety at Work (OHS&amp;W). Previously, in appears physical inspections of the workplace (21 Washington Street) occurred annually; however, the last one was conducted 6 months after the previous inspection.</p> <p>Although training has occurred in the past there are no written procedures guiding safe driving practices for staff or requirements regarding training.</p>	<p>That physical inspections of the workplace occur at, at least 6 monthly intervals.</p> <p>That staff training in safe driving practices be provided to all staff who are routinely required to travel outside of Port Lincoln for their work.</p> <p>Those Safe driving procedures be documented in OHS&amp;W policy and procedure.</p>
<p>Police Checks are conducted for staff and contractors. The policy provides guidance in relation to staff but not to contractors. The Contractors Handbook specifies that contractors are required to have a police check completed but not that they will need to cover the cost themselves, nor that this must be done prior to work been allocated to them. Neither the policy nor the handbook identify how often police checks need to be renewed.</p>	<p>Review the Police check policy to outline expectations of contractors and to articulate timelines for renewal of police checks both for staff and contractors. If WCHC proceeds with the implementation of a volunteer program, this policy should also identify requirements in relation to volunteers.</p> <p>Review the Contractors’ Handbook to specify that contractors are required to complete and submit their police check prior to work being allocated and how often police checks are required to be re-done.</p>

**CORE 1.3**

**The organisation’s physical resources are managed to ensure an effective, safe and efficient service.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Asset management systems are in place
- The planned renovation in July 2010 of existing premises for a more workable, safe and accessible facility which will include a Internet Cafe for the Elderly and the upgrade of safety systems at Jack Martin Court demonstrate a commitment to up grading physical facilities to ensure safe and effective services;
- OHS systems are in place and training has been accessed by all relevant personnel (Health and Safety Representative (HSR) and Responsible Officer training and WorkSafe SA Conferences.)
- Fire Safety systems are up to date and monitored.
- An IT consulted was engaged to assist with address issues identified with the current IT system.
- Car maintenance is responsibility of drivers, with monitoring of services via the fleet service and minuting of services and maintenance issue in the staff meetings, as well as in the service booklets
- A maintenance checklist has recently been developed to help monitor and document maintenance at a central level.

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
WCHC only has one premise which is in Pt Lincoln, despite having a significant presence in Tumby Bay and across the Lower Eyre Peninsula. Negotiations are underway for an office for the Care Manager for that region to work from at least some of the time in Tumby Bay.	That the Tumby Bay service be supported as planned by negotiating local office space to ensure a safe and appropriate work place. Appropriate OHS checks should be put in place for this office, in the same way they are in place for the Pt Lincoln office.
Car maintenance is the responsibility of the designated driver/staff person, with some monitoring being introduced.	WCHC could consider auditing of car maintenance books from time to time to ensure car maintenance is conducted in accordance with the manufacturer’s requirements and /or Maintenance Checklist.
Site inspections have been conducted 12 monthly but there is recognition that this is not frequent enough.	That 6 monthly Work Site Inspections be conducted jointly by HSR and EO as planned by the HSR.(Cross Reference to HR 1.2)

**CORE 1.4**

**The organisation’s financial management reflects its goals and supports an efficient and sustainable service.**

**This standard was MET**

**Key system strengths relating to this standard:**

- WCHC has a comprehensive register of Assets in place.
- The financial management records management system is appropriate to the size of the organisation and accurately reflects good practices in the management of finances within WCHC.
- This is strongly supported by the MYOB business finance system being in place to produce the required reports to support the Board of Management and the Manager in managing finances across the organisation.
- There is regular and comprehensive reporting and monitoring of the financial positions against the budget at Board level.
- Broad financial delegations are in place but this would benefit from greater consolidation.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
Although the financial delegations of officers in WCHC are noted on several policies and other documents, it is difficult to find this consolidated in one Delegations of Authority document or policy.	That WCHC implement a new policy which defines the limits of authority designated to specific positions of responsibility within the organisation and to establish the types and maximum amounts of decisions that may be made by individuals. This policy should also include delegations of authority to enter into contracts on behalf of WCHC, authorise travel and accommodation expenditure, authorise write off of assets etc.
Anti Fraud Policy is in place but is not explicit about management of financial fraud.	That WCHC review their Anti Fraud Policy to ensure their policy is adequate to guide the Board’s actions in suspected cases of fraud and/or mismanagement of funds within the organisation.
Cheque Book Management has evolved over time to have 5 staff and one Board member as signatories to the cheque book, any two of which may sign at any one time. This poses some risk to the organisation and this practice should be reviewed.	It is recommended that for strengthening of security surrounding the management of negotiable and not negotiable instruments of payment, that one signatory must always be the Manager/Board Member, and that the secondary signature be that of a staff member.

**CORE 1.5**

**Knowledge (including research, and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Data collection for the MDS has been improved through guidance from the Manager/Executive Officer and future MDS reports should reflect more accurate client data as a result
- The IT system review and action recently addressed some of the knowledge management issues in the organisation.
- Business continuity plan and Records Management Register provide excellent guidance on management of significant records;
- The Business Plan document verifies data and population trends are collected and used in planning to identify gaps in and priorities for services.
- Policies guides privacy and confidentiality, particularly in relation to sharing client information and client access to information, however some anomalies were noted. See below.

<u>Issues identified</u>	<u>Period of Grace Requirements</u>
<p>Coordination of client services forms part of the discussion at staff meetings and client details are recorded in the Staff Meeting Minutes; as public records that are not under the same privacy and confidentiality practices as client records this poses a risk to client privacy.</p>	<p>Staff and Care Manager Meeting Minutes should not include client details, where required client numbers could be recorded instead.</p> <p>Privacy/confidentiality policy to be revised to ensure client details are not recorded outside client files and electronic records that are pass word protected and or locked.</p>

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
<p>Care Management Meetings occur after staff meetings; however these are not recorded in minutes.</p>	<p>A record of issues and actions should be recorded from the Care Management Meetings, this can be simple, using a small note book or the like, but still allows follow through and recording of decisions and actions etc.</p>
<p>The Server review has addressed some of the internal filing and data management issues, however this is considered to be an ongoing issue for the server.</p>	<p>It is recommended that WCHC continue to review its file management on the server and identification of best practices around file management, and ensure training for staff around these improvements etc</p>

<p>Client records do not make use of a numerical system of filing and identification. The small and familiar nature of the rural community makes it common to discuss clients by name and as has been documented before, this may result in this being recorded in a variety of places, potentially breaching confidentiality.</p>	<p>Consider utilising a numerical filing system for clients and using this as the method for identifying clients rather than names. Avoid frequent use of client names in discussions.</p>
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**CORE 1.6**  
**The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Extensive Risk register and Risk Action Plan is in place, with regular monitoring of actions through monthly Board reports;
- WCHC has recently brought together various threads of risk management across the organisation in the form of a Risk Management Framework;
- The strategic plan clearly documents key areas of risk , with associated strategies for addressing this risk;
- Board and
- Management have a good understanding of strategic risk and their associated responsibilities;

<p><b><u>Issues identified or opportunities for improvement</u></b></p>	<p><b><u>Recommendations for CQI</u></b></p>
<p>Systems do not explicitly require program level risk assessment and risk assessment for new purchases.</p>	<p>Review Risk management system to include program level risk assessment and risk assessment for significant purchases.</p>
<p>System for managing clinical/service level risks and incidents at the contractor/client level are not well documented and are largely handled informally by phone.</p>	<p>That a more formal system be considered that includes documentation of incidents and risks at the clinical level to ensure these are monitored and information used for CQI.</p>
<p>Risk management system is complex and a little unwieldy for such a small organisation. The risk management framework incorporates Business Continuity Plan, Risk Management Register, Emergency Response Plan, Risk Management Action plan, Asset Register, Insurance Tracker, Records Management. In addition the Strategic Plan is focused around key areas of risk, including sustainability, public profile, workforce recruitment and retention, and governance to name a few.</p>	<p>WCHC look at opportunities for streamlining and simplifying the Risk Management Framework.</p>

<p>It was noted that although there are extensive risk management processes in place it is difficult to identify an overview of the organisations major risk categories.</p>	<p>The WCHC are encouraged to identify their 5-7 key organisational risks or categories of risk and document this as part of your key guiding documentation (e.g. Policy / framework etc) to provide a clear overview of this across the organisation. (These may include such categories as Strategic, Financial, Reputation, Clinical, Complaints, Workforce, Training and Development and OHS elements etc.)</p>
<p>Clinical Governance has been introduced but there is little evidence of the system being clearly understood or activated at the governance level.</p> <p>The Agenda includes an item for clinical governance but very little evidence of issues being reported around this.</p>	<p>WCHC could consider the implementation of 2-3 KPI's around Clinical Governance that are reported to the Board regularly, to better define what there key focus is around clinical governance.</p>

**CORE 1.7**

**The organisation ensures compliance with all relevant laws and regulations.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Hard copy legislation is made available in the main office area; Some of the hard copy information is old and may be better made available through web links on the computer.
- Membership of various bodies allows links to information regarding changes to legislation; however this facility is not currently activated.
- Policies reflect legislative requirements (eg. EEO, OHS&W, Privacy, State Records Act, Associations Act etc) although the template for policies does not require a consistent comment on relevant legislation.
- Staff receive orientation to legislation through information reflected in the policies and procedures but this is could be more comprehensive.
- Responsible Officer and OHS Representative have attended appropriate training and there is evidence of a responsive management with regards to incident management and staff well being;
- In the past advice has been sort on Contract Law;
- Risk Register and other checks and balances monitor compliance in relation to certain legislative requirements.

<b><u>Issues identified</u></b>	<b><u>Period of Grace Requirements</u></b>
<p>Legislative Updates have not been maintained, despite membership of ACS SA/NT; Management was only recently made aware of the requirement for separate registration and payment for the legislative update service. Application for this was completed while the review team was on site.</p>	<p>As per SEP Report, activate legislative update registration for ACS SA/NT and develop a system for implementing these updates into practice.</p>
<p>While the Privacy policy outlines responsibilities in relation to the maintenance of the policy, information management and communication, and refers to a Privacy Officer it does not specify which position in the organisation holds the position of the Privacy Officer. This is required by legislation.</p>	<p>Clarify within the Privacy policy, which senior staff member of the organisation holds the position of Privacy Officer.</p>

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
<p>Staff Induction and legislative compliance is limited to an introduction to the policy and procedures manual and where key legislation is located.</p>	<p>Include list of relevant legislation in staff orientation, and where appropriate seek advice, attend information sessions through Business SA or invite speakers if appropriate, in areas where understanding or knowledge of specific legislation is poor and relevant to the job.</p>

## CORE SECTION 2 PROVIDING QUALITY SERVICES AND PROGRAMS

### CORE 2.1

**Community needs are identified and the organisation endeavours to meet them.**

**This standard was MET**

#### **Key system strengths relating to this standard:**

- WCHC has been successful in being selected to deliver a Broadband for Seniors program in Pt Lincoln for the next financial year. This includes provision of broadband/internet connection, 2 desk top computers 2 desks, 3 chairs, training and IT support. Resources have also been supplied including a starter kit, resource kit and volunteer tutors' kit.
- The Cummins Recreational Group is planned on a six monthly basis with dates, topics, speakers and coordinating volunteers nominated for each fortnightly activity. Twice a year have a brainstorm with group participants and it is now under an overall review
- Staff are members of local and regional networks and maintain close working relationships with other service providers. This enables stakeholder input into planning and service delivery.
- The Strategic Planning process included a comparison of the region's community of interest and the client profile and this was further explored during the recent Cultural Diversity Needs Survey which aimed to produce a picture, through data, of the number of CALD communities represented on Lower Eyre Peninsula and identify barriers existing in relation to members of CALD communities accessing community care services.
- Improvements have been made to the meeting / activity room seating and table arrangement to make it more amenable to local group. Further renovations are about to take place to make this a separated meeting area with access to the second toilet from inside rather than outside the building. Disabled parking has been improved as has the ramp leading to the entrance. A small garden has also been created in this area which enhancing the overall façade of the building.

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
<p>As a new initiative the Broadband for Seniors program is in its early stages with resources supplied by the funders (NEC) and renovations arranged to create the space. Planning of the program had not begun at the time of the review.</p> <p>Volunteers are set to become an integral part of this program and as yet the systems have not been set up in WCHC, as they have not previously had volunteers.</p>	<p>Develop an Operational/Program Plan for the Broadband for Seniors program to support its development. An evaluation of the program at the twelve month point would support continuous improvement.</p> <p>Attending training in volunteer management and establishing a set of procedures in this area will support the effective management of the program.</p>

**CORE 2.2**

**Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs.**

**This standard was MET**

**Key system strengths relating to this standard:**

- The Memory Loss Groups are providing much needed support for carers of people with dementia and are well resourced via the formal relationship with Alzheimer’s Association. Training, resources and ongoing support are provided to the Coordinator.
- Case management of clients ensures their needs are met and care managers maintain regular contact to monitor any changes to their needs.
- Regional focus ensures much needed services across the area. Stakeholders reported that WCHC often reaches people that no one else can.
- Client Satisfaction has been identified as a Key Priority Area within the Strategic Plan with corresponding strategies developed and KPI’s established to ensure that the organisation responds to identified client needs, checks on satisfaction levels and continuously improves services.
- WCHC has a clear focus on meeting both community and consumer needs and works closely with consumers and stakeholders to achieve this end.
- Examples of joint planning, for example with Disability Services SA, were observed to support the needs of special needs groups.
- A suite of policies and procedures is in place to support ongoing and consistent service delivery.
- Care managers work closely with contractors to ensure a high quality and seamless service model is provided

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
<p>The client review / reassessment process was observed to be variable with one of the client files sighted including a complete reassessment and the other incorporating client review updates within the case notes. The policy on Monitoring &amp; Reviews states that six monthly reviews will take place at a minimum with reassessments conducted if significant changes occur. This poses a certain element of risk relying on care managers to review all areas of need without referring to documented criteria.</p>	<p>WCHC could review its Monitoring &amp; Review Policy to provide for six monthly reviews with an annual reassessment where appropriate (for example for clients receiving personal care) to ensure client needs are monitored against defined criteria.</p>
<p>The Client Information booklet was found to be repetitive in some sections, particularly the introductory sections and some of the formatting was unaligned making it potentially difficult for clients to readily understand the information. It also makes reference to funding departments such as the Department of Health and Ageing which are no longer correct (should be Department for Families and Communities).</p>	<p>Review the Client Information Booklet to ensure information is up to date, easy to understand and accurate.</p>

<p>The Cummins Recreational Group is currently under review. This is occurring in quite an informal manner and could be formalised to ensure that any changes made and information gleaned as a result are captured and not lost.</p>	<p>Develop a process for the review of the Cummins Recreational Group. While keeping this simple, the evaluation strategy should include the range of methods used, such as discussion, brainstorming of possible activities, surveys / focus groups.</p> <p>WCHC should also develop a method to capture changes made and evaluate these. For example, an evaluation could be conducted at the conclusion of the next six month program of activities to ascertain the success / effectiveness of the program and changes made. A brief report at the conclusion can summarise these with recommendations for future development.</p>
<p>A client record audit was conducted recently by care managers. Due to time pressure and staff shortages this was not completed by an independent party (ie, not a care manager) . Additionally, the sample size of ten from 200 clients was not large enough to be representative.</p>	<p>Amend the client record audit process so that it is conducted by a person not directly involved in maintaining those records. This could for example be conducted by a member of staff who is not responsible for service delivery or a Board member who has the appropriate level of skills.</p> <p>Review the sample size for client record audits. The international sampling ratio for record audit is the square root of the number of clients plus one, and this is recommended as the guide to sample size for all audits.</p> <p>Develop reporting and monitoring mechanisms so that action plans to address gaps are developed, addressed and reported to the Board.</p> <p>Capture this information within a Client Record policy that addresses organisational requirements and processes for client records, both paper and electronic, including requirements around regular auditing of client records.</p>

The review team supports this/these Quality Journal recommendation/s:

- Complete project brief for WCHC multi-language brochure
- Develop project brief for possible Client Directed Care Project

**CORE 2.3**

**Services and programs are provided in a culturally safe and appropriate manner.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Recently WCHC has focused on CALD communities within the regions including the gathering of multicultural resources, developing and strengthening relationships with key CALD communities and their representative organisations and conducting a Cultural Diversity Needs Survey.
- A Disability Action Plan has been developed that lines up with the Strategic Plan and identifies strategies for improved access for people with disabilities.
- WCHC maintains a relationship with Pt Lincoln Aboriginal Aged Care and provides a mainstream alternative aged care service option for members of local indigenous communities.
- Policy guidance on working with interpreters has been developed and brochures (particularly advocacy brochures) in a range of languages are displayed in the foyer.
- WCHC's Manager and the Care Managers have all recently attended cultural diversity training.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
<p>The Cultural Diversity Needs Study identifies some areas in which WCHC could improve in order to make services more accessible to CALD community members.</p>	<p>Proceed with the planned strategies to translate the service brochure into community languages and distribute it via key CALD community members, the provision of cultural diversity training to staff and contractors, and presentations by Care Managers to staff and students at Pt Lincoln TAFE.</p> <p>As a new initiative, review the effectiveness of the strategies in increasing the access of WCHC services by members of CALD communities. This could, for example constitute a review of numbers of clients in 12 months with a follow up cultural diversity needs survey at that time.</p>
<p>Whilst a number of policies and procedures address access by special needs groups and their cultural safety, there is no Diversity policy to highlight this area.</p>	<p>Consolidate the position of WCHC and provide guidance through the development of a separate Diversity policy.</p>
<p>No records of ATSI cultural awareness training were evident.</p>	<p>Identify and access training in ATSI cultural awareness for staff. This could be extended to providing opportunities to contractors to attend also.</p> <p>Create opportunities and monitor contact and partnerships with ATSI agencies in the region.</p>

The review team supports this/these Quality Journal recommendation/s:

- Continue working with the Pt Lincoln Multicultural Association through the local member Anna Papazoglou to progressively improve communication with local culturally diverse communities and increase access to services by those community members.

**CORE 2.4**  
**Services and programs confirm consumer rights.**

**This standard was MET**

**Key system strengths relating to this standard:**

- A suite of policies is in place to ensure consumer rights, including advocacy, privacy and confidentiality, complaints and client feedback
- Staff and Contractors sign a Confidentiality Agreement
- Clients confirmed that they believed their information to be kept confidentially and were confident that their complaints, should they have any would be listened to and addressed. Furthermore, they reported that they were informed of their rights and responsibilities during assessment and were provided with reminders if these periodically.
- The Client Information booklet includes information regarding client rights and responsibilities. Client files are check boxed to confirm clients have been informed about their rights.

<u>Issues identified or opportunities for improvement</u>	<u>Recommendations for CQI</u>
The Client Authority to Release / Share Information does not include the capacity to use data in relation to quality improvement and reporting to funders.	Review the Client Authority to Release / Share Information form to ensure that clients also acknowledge that their information / data will be collated to enable reporting to funders. This form could also include the release of information for quality purposes such as internal and external quality reviews.
Client Rights are referred to in the Client Information Handbook but linked to the HACC National Service Standards. The language is complex and somewhat not accessible to consumers. A Client Rights list has been developed as a appendix within the policy manual (Appendix 2B) but not referenced within any of the policies and there is no policy on Human Rights and Freedom of Abuse which is considered good practice, particularly for organisations providing services to people with disabilities.	<p>Develop a policy on Human Rights and Freedom from Abuse and link this to the list of client rights and responsibilities.</p> <p>Review the Client Rights list with a view to making it a list of client rights and responsibilities and to ensure it addresses the requirements of the Human Rights policy recommended in this standard.</p> <p>Review the Client Information booklet to include this simpler and easier to understand list of client rights and responsibilities.</p> <p>Incorporate this information within the Contractors Handbook.</p>

**CORE 2.5**

**Services and programs develop, implement and evaluate strategies that empower consumers.**

**This standard was MET**

**Key system strengths relating to this standard:**

- The Client Feedback policy specifies strategies and processes around regular and ongoing client / carer input into care planning and feedback on the quality of the overall service delivery.
- Assessment, case management and review processes are highly client focused. This is reinforced through a range of policies and clients reported that both staff and contractors listen to them and work hard to meet their needs.
- WCHC reviewed their Vision during the recent strategic planning process, highlighting consumer choice, flexibility and supporting independent healthy ageing within their mandate.
- Board membership includes both clients and community representatives who are seniors
- Two consumers, one from Pt Lincoln and one representing regional areas participated in the Strategic Planning workshop and provided feedback on the draft plan as it was being developed.

**No recommendations.**

**CORE 2.6**

**Services and programs within the organisation are coordinated.**

**This standard was MET**

**Key system strengths relating to this standard:**

- Care Managers actively seek out opportunities to work with other service providers to ensure that clients' varying needs are met and have the documentation and processes in place to support this work.
- Internal communication strategies have been strengthened to support coordinated service delivery. This includes discussion around intake at the weekly staff meeting. Care Managers meet directly after this to discuss case management issues.
- Policy guidance regarded coordination of service delivery is provided via the Assessment policy and associated Appendix regarding Case Management Standards.
- All staff have the capacity and skills to enter data and information into the Maisy database and this supports seamless service delivery and communication of clients' needs.
- WCHC is an active member of the service community and stakeholders reported they are a visible presence within networks and community forums.

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
<p>Whilst WCHC maintains close and effective working relationships with other service providers, structured mechanisms are not in place to elicit their feedback around WCHC's service delivery and systems.</p>	<p>Develop a strategy and mechanisms, such as surveys and forums, to actively elicit and capture feedback from stakeholders and ensure structures are in place to respond and make changes as necessary.</p>
<p>The weekly Care Managers meeting is currently not minuted with staff reporting that when key aspects are discussed or determined, this is later reported and recorded in the next staff meeting.</p>	<p>Care Managers meetings should be recorded as client needs are discussed and decisions regarding them made. Minutes could be quite brief with outcomes / decisions recorded.</p>
<p>Stakeholders uniformly reported that the WCHC referral form is overly cumbersome and could be simplified and that they often do not fill in all fields.</p>	<p>Review the WCHC Brokerage Referral Form, incorporating feedback from key stakeholders and the information needs of WCHC with a view streamlining the document.</p>

**CORE SECTION 3      SUSTAINING      QUALITY      EXTERNAL  
RELATIONSHIPS**

**CORE 3.1**

**The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.**

**This standard was MET**

**Key system strengths relating to this standard:**

- WCHC has several service agreements and MOU's with organisations across the lower Eyre Peninsula region, including the Home and Community Care Program (HACC), Matthew Flinders Home Inc., Tumby Bay Hospital, Uniting Care Wesley, Alzheimer's SA, Red Cross Australia, and a long standing partnership with Domiciliary Care at the Port Lincoln Hospital and Health Services.
- Interagency Meetings – now considered a major vehicle for the identification of gaps that exist in the service delivery industry.

**No Recommendations**

**CORE 3.2**

**The organisation collaborates with other organisations, and positions itself strategically within the wider service system.**

**This standard was MET**

**Key system strengths relating to this standard:**

- WCHC has a strong collaboration with many other service delivery agencies in the lower Eyre Peninsula region including hospitals and health services in the region, nursing homes, Uniting Care Wesley and Red Cross.
- WCHC is known and recognised throughout the region by the membership and attendance of its staff at many community groups including the regional Interagency Group, Port Lincoln Community Alliance, Celebrate Seniors Committee, Memory Loss Café, Matthew Flinders Day Centre Committee, ACAT and the regional HACC Planning Forum.

<b><u>Issues identified or opportunities for improvement</u></b>	<b><u>Recommendations for CQI</u></b>
Transitional Care Planning (TCP) form is considered to be too cumbersome and many parts are not considered relevant.	That the TCP form be reviewed and simplified as necessary, in consultation with other agencies.
Contractor Model may pose a risk to the reputation of WCHC contractors due to the lack of standard mandatory training that is the norm in employee model.	Refer to previous recommendations on contractor training.

<p>Funding competition between stakeholders appears to have had the affect of some reluctance to actively seek feedback from stakeholders.</p>	<p>Develop a culture which sees complaints and feedback as opportunities for improvement. Explore ways to seek and respond to issues, feedback and complaints from stakeholders in a transparent way to ensure a good understanding of how WCHC is perceived in the broader community.</p>
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**CORE 3.3**  
**The organisation demonstrates that it has incorporated, and contributes to, what is currently seen as accepted good practice in its field.**

**This standard was MET**

**Key system strengths relating to this standard:**

- WCHC received nomination for a regional award for its Memory Lane project.
- WCHC have been involved in the ongoing refinement of the contractor model for rural areas, constantly exploring ways to improve and keep on top of the associated challenges.
- Contracts, orientation and management all aim to ensure a flexible and accessible model of care in rural areas for HACC clients.

<p><b><u>Issues identified or opportunities for improvement</u></b></p>	<p><b><u>Recommendations for CQI</u></b></p>
<p>WCHC provides a unique model of service through contractors, as well as partnerships and collaboration, to manage to address the challenges of rural service delivery and limited resources. There has been little formal evaluation of projects and models of service. These models and programs would benefit from both evaluation and promotion of the findings through rural state and national conferences and seminars.</p>	<p>Staff to evaluate the models of service and various programs they develop and consider writing papers/presenting papers at conferences, forums, seminars etc. to promote them.</p>

**CORE 3.4**  
**The organisation works to build the capacity of the community it serves and the professional community to which it belongs.**

**This standard was MET**

**Key system strengths relating to this standard:**

- WCHC is engaged in its local community both in Port Lincoln and regionally which supports its strengths as a quality service provider in its field.

**No Recommendations**

## **LIST OF ABBREVIATIONS**

<b>ACAT</b>	<b>Aged Care Assessment Team</b>
<b>ACS SA/NT</b>	<b>Aged Care Services SA/NT</b>
<b>ATSI</b>	<b>Aboriginal and Torres Strait Islander</b>
<b>CALD</b>	<b>Culturally and Linguistically Diverse</b>
<b>CQI</b>	<b>Continuous Quality Improvement</b>
<b>EO</b>	<b>Executive Officer</b>
<b>EEO</b>	<b>Equal Employment Opportunity</b>
<b>HACC</b>	<b>Home and Community Care</b>
<b>HR</b>	<b>Human Resources</b>
<b>HSR</b>	<b>Health and Safety Representative</b>
<b>KPI's</b>	<b>Key Performance Indicators</b>
<b>MDS</b>	<b>Minimum Data Set</b>
<b>OHS&amp;W</b>	<b>Occupational Health, Safety and Welfare</b>
<b>QIC</b>	<b>Quality Improvement Council</b>
<b>QMS</b>	<b>Quality Management Services</b>
<b>SEP</b>	<b>Service Excellence Program</b>
<b>TAFE</b>	<b>Technical and Further Education</b>
<b>TCP</b>	<b>Transitional Care Planning</b>
<b>WCCS</b>	<b>West Coast Community Services Inc</b>
<b>WCHC</b>	<b>West Coast HOMECARE</b>

# **APPENDIX A:**

## **HACC APPRAISAL REPORT – WEST COAST HOMECARE**

Appraisal conducted against the  
Home And Community Care National Service Standards

**Home and Community Care (HACC)  
Appraisal Report  
Organisation: West Coast Community Services Incorporated,  
Trading as West Coast HOMECARE  
Organisation Number: 40753  
Region: North West Country  
28 June – 1 July 2010**

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**This appraisal was conducted using the Home and Community Care (HACC) National Service Standards Instrument.**

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**APPRAISAL DETAILS**

<b>Review Cycle No.</b>	<b>Stage</b>	<b>Year</b>
<b>3</b>	<b>4</b>	<b>2010</b>

Manager of HACC Program:	Cheryll Williams	
Number of staff:	5 (4.8 Full-time equivalents (FTEs))	
Organisational Number:	40753	
Full legal name of Organisation:	West Coast Community Services Incorporated (trading as West Coast HOMECARE)	
Organisational Appraisal includes the following Project/s:	Proj. No. 817 Project Name: Port Lincoln Community Care	
Region:	North West Country	
Date/s of current Appraisal:	28 June – 1 July 2010	
Type of Appraisal:	HACC National Service Standards	
<b>Score and Standard achieved:</b>	<b>Score: 20</b>	<b>Standard: High</b>
Previous Score and Standard:	Score: 20	Standard: High
<b>Action Plan to be completed by:</b>	<b>6 September 2010</b>	
<b>Next Appraisal due:</b>	<b>2012 / 2013</b>	

**OFTA use only:**

<p><b>Appraisal Report received by Office for the Ageing on</b></p>	<p>.....</p>
<p><b>Appraisal Report forwarded to</b></p>	<p>..... on .....</p>
<p><b>Information entered on spreadsheet on</b></p>	<p>.....</p>
<p><b>Action Plan received by Office for the Ageing on</b></p>	<p>.....</p>
<p><b>Action Plan forwarded to</b></p>	<p>..... on .....</p>

## EXECUTIVE SUMMARY

### Introduction

The purpose of this QMS Appraisal Report is to assist West Coast Community Services (trading as West Coast HomeCare) HACC program with future planning through identifying organisational strengths and achievements, areas for development and recommendations to support continuous quality improvement.

The appraisal assesses the extent to which the agency has achieved the *Home and Community Care National Service Standards (HACC NSS)*.

Four levels of attainment are used consistently throughout this report to give an overall rating for each Standard. The levels of attainment are:

- **Met** - where a service can demonstrate that it has met all minimum requirements and all further requirements;
- **Partly Met** – where a service can demonstrate that it has met the minimum criteria;
- **Not Met** – where a service has not met one or more of the minimum criteria;
- **Not Applicable** – where a service can demonstrate that the performance information is inappropriate for inclusion in the appraisal process.

A **Leading Practice** level of recognition, which sits outside the National Scoring System, may also be used by the Appraisal Team to recognise best practice or innovation in meeting the requirements of a particular Performance Question.

### Overview of the Service

West Coast Community Services Incorporated was established in 1987. Until 2003 it was known as the Lower Eyre Peninsula Accommodation for the Disabled (LEPAD). The trading arm of the organisation is West Coast HomeCare (WCHC) which administers the HACC program. WCHC provides a range of home services to frail aged and younger disabled and to their carers in line with their HACC service agreement and brokerage for other HACC funded agencies. Governance is provided by the Board of West Coast Community Services which in addition to WCHC, is responsible for some other programs such as the administration of Jack Martin Court, a tenancy owned by the council and under the auspice of the Board.

WCHC operates under a brokerage model utilising a cross section of contractors from across the region and care managers that take on a regional responsibility to provide individualised home based services. These contractors can include the next door neighbour through to trained Care providers, with enrolled nursing or Certificate III in Aged Care qualifications. These contractors are utilised through the contractor program to deliver services for WCHC and are brokered to other organisations to enable a comprehensive and flexible outreach program for the region. Stakeholders confirmed their ability to provide services at odd times and in remote parts of the region and confirmed that they are often contracted by their agencies for this very reason. All this is achieved by an organisation with 4.8 Full time Equivalent staff.

### Summary of Methodology and Evidence

The appraisal process involved analysing a range of evidence to demonstrate compliance with the HACC NSS. The agency prepared a self appraisal against the Standards, which was followed by a four day site visit in June / July 2010 to externally validate this information. The HACC Appraisal was conducted concurrently with the organisation's accreditation review against the Quality Improvement Council (QIC) Health & Community Services Standards and the Service Excellence II (SE II) program. A number of the recommendations in this report are referenced to the standards within the QIC Report where there was overlap in the scope of the standards and hence the areas reviewed. During the on site visit the appraisal team interviewed members of the Board (3), management and staff (5), consumers (3), contractors (1) and stakeholders (4). Documents viewed included the West Coast HomeCare Strategic Plan 2010 to 2015, West Coast HomeCare Business Plan and Strategic Action Plan, West Coast HomeCare Annual Report 2008-2009, Service Agreements, outputs tables and MDS Reports,

examples of contracts for services, the West Coast HomeCare website, Client Information Booklet, Consumer Survey Report, Employee Induction Manual, Contractor Kit, Job Descriptions and Position Descriptions, Policy and Procedure Manual, Directors' Handbook, Insurance Policies, Risk Management Framework, register, action plan, complaints Log and Minutes of staff and Board meetings.

The appraisal team has some additional specific reporting requirements for Criteria 3.e.1 which states that "at the broadest level, the agency monitors activities and evaluates if organisational objectives are being met, including those set out in funding and service agreements". For this reason, the agency's Service Agreement is considered as part of the evidence. The following observations were made in relation to the specific requirements regarding:

- **Police Checks:** are conducted for staff and contractors
- **Disability Action Plan:** has been developed and lines up with the WCHC Strategic Plan 2010-2015
- **Due recognition through the use of the HACC logo:** HACC logo was not evident in promotional material. Permission to use the logo has recently been acquired and this is planned to be included within material in the near future.
- **Fees:** A policy on Client Fees is in place
- **Environmental management:** an Environmental policy has been developed
- **Carers:** numerous strategies are in evidence to support carers and the service operates within the requirements of the Carer Recognition Act, but has not yet developed a policy in this area.

A comparison was also made between the Outputs Table within the Service Agreement and Minimum Data Set (MDS) data reports. MDS reports were found to be well out of alignment, with additional categories reported against that are not identified in the Service Agreement. Recent negotiations between WCHC and OFTA have led to the new draft service agreement more closely reflecting the work of the organisation.

### **Key Strengths**

Overall strengths of the organisation include a commitment to good governance, good teamwork and openness to feedback and reflection. Added to this is the provision of flexible, responsive services that are made accessible for many people in remote parts of the region. Consumer participation from service delivery through to Board level is strong. Staff have been supported to increase and further develop their skills and this has strengthened the organisation and supported the enhancement of service delivery. New initiatives such as the work with CALD communities, and the Broadband for Seniors group, plus the expansion of the Memory Loss group and the facilitation of the Cummins Recreational group are testament to this. WCHC is to be commended for looking to continually extend the scope of its work and the range of strategies used to support the community members who access its services.

### **Key Areas for Improvement**

The contractor model requires attention in terms of incentives for contractors to undergo what in many organisations is mandatory training. WCHC should also continue their focus on engagement with ATSI and CALD communities, partnerships with ATSI organisations, and support from MAC, using opportunistic approaches to look for opportunities to improve access. Information regarding client rights and responsibilities should be strengthened across areas such as policy, client and contractor information and there are some opportunities for improvement of the Client Information booklet overall. A Carer Recognition policy should be developed, as well as evaluation strategies for projects such as the Broadband for Seniors and the Cummins Recreational group and clearer policy guidance around some aspects of Police Checks.

### **Summary and Future Challenges**

WCHC demonstrated flexible, responsive service delivery across a large and often difficult to reach service region. Use of the Contractor model is clearly a strength here as it provides a workforce that is able to reach these areas. It remains, however, as it did three years ago both a strength and a risk and WCHC will need to continue to monitor and evaluate this service model, particularly in the areas of ongoing skill development of contractors to ensure high levels of contractor performance and that the requirements of funders and brokers alike are met.

A thankyou is extended to the organisation and the personnel specifically involved as the appraisal contacts, for the commitment and coordination required to ensure an effective appraisal process occurs. The agency is encouraged to continue its commitment to providing a quality service as it has demonstrated at this time. The resulting Action Plan completed to address any recommendations is to be finalised and forwarded to OFTA by the due date shown on Page 4 of this Appraisal Report.

**OBJECTIVE 1: Access to Services**

1 To **ensure** that each consumer’s access to a service is decided only on the basis of relative need.

**Consumer Outcomes**

- Formal assessment occurs for each consumer.
- Consumers are allocated available resources according to prioritised need.
- Access to services by consumers with special needs is decided on a non-discriminatory basis.
- Consumers in receipt of other services are not discriminated in receiving additional services.
- Consumers who reapply for services are assessed with needs being prioritised.

**PERFORMANCE QUESTION**

1.a How does your agency prioritise need and allocate available resources?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

Assessment processes are guided by policy and procedure and further outlined via a flowchart. These are supported by a range of tools including inquiry forms (both general and dementia specific), the Brokerage Referral Form for incoming referrals and the Client Intake Assessment Tool. The Intake policy specifies a commitment to responding to referrals within 48 hours of the referral being received and this was reinforced by care managers. Care managers then conduct an in home assessment for all new clients which includes an identification and prioritising of need. This excludes individuals that WCHC is brokered for as their needs have already been assessed by the referring service and clients requesting one off services such as window cleaning. Currently there is no waiting list; however a policy and procedure are in place to guide this process plus capacity within the Maisy database for its implementation when the need arises. Stakeholders uniformly reported that the WCHC referral form is overly cumbersome and could be simplified and that they often do not fill in all fields.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>1.a.1</b> Evidence of assessment criteria that are clear and appropriately comprehensive for the service it provides and the circumstances under which it operates.	✓		Refer QIC Standard 2.6, Review the WCHC Brokerage Referral Form, incorporating feedback from key stakeholders and the information needs of WCHC with a view streamlining the document.
<b>1.a.2</b> Assessment tools provide the basis for determining the ongoing relative need and priority of each consumer, as appropriate to the service.	✓		
<b>1.a.3</b> All consumers undergo a formal assessment prior to or at commencement of service. Some agencies may legitimately not routinely conduct assessments of consumer need for all consumers. Where this does not occur the agency should justify this with a description of the service provided and process by which consumers access the service, including a description of how formal assessment information is coordinated with other agencies/relevant bodies.	✓		

<b>Further Requirements</b>			
<b>1.a.4</b> Reason for service refusal is documented and consistently complies with agency guidelines.	✓		
<b>1.a.5</b> Where services are refused due to resource constraints the agency needs to demonstrate that waiting lists, if kept, are appraised in order to reprioritise consumers access to services as necessary.	✓		
<b>1.a.6</b> Response times between referral and service delivery and between initial assessment and service delivery should be appropriate to consumers' needs.	✓		

<b>OBJECTIVE 1: Access to Services</b>			
<b>PERFORMANCE QUESTION</b>			
1.b How can your agency demonstrate that access to services by special needs groups occurs on a non-discriminatory basis?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
PROGRESS ON PREVIOUS ACTION PLAN: <b>SATISFACTORY</b>			
<b>FINDINGS:</b>			
Regional services are provided with one of the care managers focusing on Pt Lincoln and the other care manager working across the Lower Eyre Peninsula. This was identified by stakeholders as a major strength for the service. Recently WCHC has focused on CALD communities within the regions including the gathering of multicultural resources, developing and strengthening relationships with key CALD communities and their representative organisations and conducting a Cultural Diversity Needs Survey. This has led to a couple of strategies now being followed through aimed to increase usage of services by the communities. Additionally, WCHC liaises with the HACC Coordinator from Pt Lincoln Aboriginal Aged Care and has increased their ATSI client numbers from zero to two. The 2010 – 2015 Strategic Plan has recently been finalised and this involved an extensive environmental scan that included an identification and analysis of special needs groups.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>1.b.1</b> Services are accessible to all identifiable groups within the target population.	✓		Refer QIC Standard 2.3, Proceed with the planned strategies to translate the service brochure into community languages and the provision of cultural diversity training to staff and contractors.
<b>1.b.2</b> Agency has considered and taken action to overcome access barriers for special needs groups.	✓		
<b>1.b.3</b> In identifying target group, special needs groups considered when promoting access to services including: NESB, ATSI, rurally isolated, dementia, and financially disadvantaged people.	✓		
<b>Further Requirements</b>			
<b>1.b.4</b> Number of consumers from special needs groups accessing services is collected, and the agency attempts to compare this information with the proportions of special needs groups in the population.	✓		
<b>1.b.5</b> Where consumers from special needs groups are under represented the agency demonstrates it has explored reasons and is attempting to address them.	✓		
<b>1.b.6</b> Agency demonstrates links with other service providers whose target groups are in special needs groups – strategies for cooperation eg. referral.	✓		

<b>OBJECTIVE 1: Access to Services</b>			
<b>PERFORMANCE QUESTION</b>			
1.c How does your agency ensure that a consumer's previous refusal of a service does not prejudice future attempts to access your agency's services? <i>Where none of the criteria and requirements are appropriate no rating should be given against this question.</i>			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>	
PROGRESS ON PREVIOUS ACTION PLAN: <b>SATISFACTORY</b>			
<b>FINDINGS:</b> Refusal of a service is addressed via the Intake policy and General Inquiry form. Clients are informed about their right to refuse a service within the client information booklet and this is explained verbally during the in home assessment. If a refusal of a particular service occurs at this point or during review, this is noted in the client file. As stated in 1.a, a waiting list is generally not required but systems are in place for its implementation should it be needed.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
1.c.1 Where a consumer declines an offer of service, or the agency refuses a service, information is given about when and under what circumstances to reapply for a service.	✓		
1.c.2 Information is provided to consumers about their right to refuse a service.	✓		
1.c.3 Clear guidelines ensure that consumers understand the reason for refusal of a service.	✓		
<b>Further Requirements</b>			
1.c.4 Policies and procedures exist to ensure that a consumer's refusal of a service does not affect future access.	✓		
1.c.5 Where a waiting list occurs consumers are adequately informed of how the process works.	✓		

**OBJECTIVE 2: Information and Consultation**

2 To **ensure** that each consumer is informed about his or her rights and responsibilities and the services available, and consulted about any changes required.

**Consumer Outcomes**

- Consumers are aware of their rights and responsibilities.
- Consumers are aware of services available.
- Consumers are informed of the basis of service provision, including changes that may occur.

**PERFORMANCE QUESTION**

2.a How does your agency ensure that consumers are aware of their rights and responsibilities?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

Written rights and responsibilities are included within the Client Information booklet and this is provided to all clients during assessment. The list is closely aligned to the HACC Standards and somewhat bureaucratic in its content. A review of this information was conducted in 2008 in response to recommendations from the previous HACC appraisal but its language was identified as not very accessible by the appraisers. Similarly, the Contractors Handbook refers to client rights and responsibilities with a list of the HACC Standards. Upon further investigation it was discovered that an Appendix (2B) was developed and inserted in the policy folder. This is a list of Client Rights, however it was not found to be referenced to within any policy and staff were generally unaware of its existence.

Care Managers described coverage of rights and responsibilities during the assessment and review processes and this was reinforced by clients during interview. The Client Information pack contains more detailed information on privacy and advocacy within the booklet and through the provision of brochures from ARAS, the latter of which are available in a range of languages. Staff are clear about clients' rights and responsibilities and specific guidance in this area is provided via policies on information & advocacy, privacy and confidentiality.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
2.a.1 Agency provides consumers with a written copy of their rights and responsibilities.	✓		Review and further develop Appendix 2B into a list of client rights and responsibilities. Refer to this document within the proposed Policy on Human Rights and Freedom from Abuse recommended in the QIC Review Report (Refer Standard 2.4). Include the reviewed document within the Client Information Booklet and the Contractors Handbook.

<p><b>2.a.2</b> Explains rights and responsibilities verbally.</p>	<p>✓</p>		
<p><b>2.a.3</b> Provides information about privacy and confidentiality procedures in writing to consumers.</p>	<p>✓</p>		
<p><b>2.a.4</b> Explains these procedures at time of commencement with the service. <b>Cross reference 5.b.3</b></p>	<p>✓</p>		
<p><b>2.a.5</b> At time services start, consumer is provided with information about what an advocate is, how to obtain one, and their right to use an advocate. <b>Cross reference 7.a.2</b></p>	<p>✓</p>		
<p><b>Further Requirements</b></p>			
<p><b>2.a.6</b> Agency periodically reminds consumers of their rights and responsibilities. <b>Cross reference 7.a.4</b></p>	<p>✓</p>		
<p><b>2.a.7</b> Agency demonstrates that staff and volunteers are also made aware of issues relating to consumers' rights and responsibilities.</p>	<p>✓</p>		
<p><b>2.a.8</b> When explaining rights and responsibilities to consumers, the agency is sensitive to any special linguistic, cultural, physical or intellectual requirements. <b>Cross reference 4.c.4</b></p>	<p>✓</p>		

<b>OBJECTIVE 2: Information and Consultation</b>			
<b>PERFORMANCE QUESTION</b>			
2.b How does your agency ensure that consumers are informed about available services?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>	
PROGRESS ON PREVIOUS ACTION PLAN: <b>NOT APPLICABLE</b>			
<b>FINDINGS:</b>			
<p>The Client Information pack includes information on the range of services provided by WCHC and additional information such as brochures regarding advocacy and complaints services, and on programs such as Eyre Carers and Heatwave Information Guide. Information is also available on the organisation's website. Care Managers displayed a good understanding of the range of other services available and the foyer of the organisation contains an extensive display stand of service brochures. This is further supported by well informed reception staff. Consumers reported that staff have referred and connected them to additional services and provided them with information such as dealing with dementia. Stakeholders provided examples of collaborative work with care managers. Staff are members of regional and state networks such as HACC managers networks and the Eyre Peninsula Community Alliance. Resource lists of local services and agencies are held within the office to further support care managers' ability to inform and connect clients to the broader service system. The Client Information booklet requires review as it was found to be repetitive in some sections, particularly the introductory sections and some of the formatting was unaligned making it potentially difficult for clients to readily understand the information. It also makes reference to funding departments such as the Department of Health and Ageing which are no longer correct (should be Department for Families and Communities).</p>			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>2.b.1</b> Consumers are made aware of services available either in writing or verbally.	✓		Refer QIC Standard 2.2, review the Client Information Booklet to ensure information is up to date, easy to understand and correct.
<b>2.b.2</b> Agency is equipped to provide information to consumers about services from other agencies when necessary.	✓		
<b>2.b.3</b> To support this the agency is aware of other support services available in the region.	✓		
<b>Further Requirements</b>			
<b>2.b.4</b> Agency makes provision for consumers to be aware of services available from other agencies.	✓		
<b>Cross reference 4.c.5</b>			
<b>2.b.5</b> Agency informs consumers of services available by regular reminders.	✓		
<b>2.b.6</b> Staff are aware of service choices for consumers.	✓		

**OBJECTIVE 2: Information and Consultation****PERFORMANCE QUESTION**

2.c How does your agency ensure that consumers are informed about the basis of service provision, including any changes that may have to occur?

PREVIOUS RATING: **MET**ORGANISATIONAL  
(Current Round): **MET**

RATING

APPRAISER RATING (Current  
Round): **MET**PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE****FINDINGS:**

Care Managers complete in home assessments which then culminate in written contracts identifying the services mutually agreed upon and are signed by the consumer or their carer when appropriate. This process is guided by the policies on assessment and care plans and client reviews.

Services are generally only ceased when clients' needs escalate beyond the capabilities of the service and they need for example, to move into an aged care facility. Reasons for exiting the service are documented within the client file and on the Maisy database. Clients can request a change in services at any time and care managers address this aspect in conjunction with the client / carer. This was confirmed during client interviews. Fees are documented within the Client Information booklet, discussed during the in home assessment and written into the service contract.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>2.c.1</b> At commencement the agency clearly advises how decision was reached to provide what services and for how long.	✓		
<b>2.c.2</b> Consumers are informed about the circumstances in which a service may no longer be provided or may need to change.	✓		
<b>2.c.3</b> Consumers are advised of their right to appeal a service provision decision.	✓		
<b>2.c.4</b> Changes to service provision are clearly discussed and the changes to be made and reasons for them are explained, in writing where appropriate.	✓		
<b>2.c.5</b> Fee system advised as well as how charges, if any, will be applied to the consumer.	✓		
<b>Further Requirements</b>			
<b>2.c.6</b> Agency indicates that consumers were involved in making decisions about the service provided.	✓		
<b>2.c.7</b> When assessing need, information is provided about service options consumers can choose from, including types of service as well as choice of staff and service delivery times.	✓		
<b>2.c.8</b> When a service ends consumers are informed of available service alternatives and told of when assistance may be available again.	✓		

**OBJECTIVE 3: Efficient And Effective Management**

3 To **ensure** that consumers receive the benefit of well-planned, efficient and accountable management.

**Consumer Outcomes**

- Consumers receive appropriate services provided through the processes of ongoing planning, monitoring and evaluation of services.
- Consumers receive services from agencies that adhere to accountable management practices.
- Consumers receive services from appropriately skilled staff.

**PERFORMANCE QUESTION**

- 3.a What information on the level of need in your community does your agency collect?  
 3.b How can you show that your agency builds this information into service delivery?  
 3.c How can your agency show that as a consequence of service evaluation, services are changed or modified?

3.a	PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
3.b	PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
3.c	PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>

PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**

A range of sources of information were in evidence to support the broader needs assessment conducted by WCHC. This includes ABS data, Multicultural Aged Care statistics, HACC specific statistics, results of regional planning forums and the Planning SA Population Projection System. Additionally, internal data collected via the Maisy database, and consumer and other surveys conducted by WCHC has informed strategic and operational planning. This includes information from the recent Cultural Diversity Needs Survey. Such activities have led to recent new initiatives such as the Cummins Recreation Group, the Internet Café for Seniors, and the planned translation of resources and cultural awareness training. The recent consumer survey included feedback from five clients attending the “Memory Lane” program who provided feedback specific to that program.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>3.a.1</b> Needs assessment done which <i>may</i> include: investigation of unmet need and estimate of future need.	✓		
<b>3.a.2</b> Must include a study of the characteristics of those currently accessing services, on waiting lists and being turned away.	✓		

<p><b>3.b.3</b> The information is appraised regularly and services evaluated in relation to this through planning workshops and staff meetings (minuted and available).</p>	<p>✓</p>		<p>Refer QIC Standard 2.1, as a new initiative, WCHC should review the Broadband for Seniors project twelve months after its introduction to evaluate that it is meeting its targeted outcomes.</p> <p>Refer QIC Standard 2.2, regarding the development of an evaluation strategy for the Cummins Recreational Group.</p>
<p><b>3.c.4</b> Services modified/changed as a result of evaluation. May involve follow up on decisions made at staff and planning meetings.</p>	<p>✓</p>		
<p><b>3.c.5</b> Review system measures the effectiveness of service changes made as a consequence of service evaluation.</p>	<p>✓</p>		
<p><b>Further Requirements</b></p>			
<p><b>3.a.b.c.6</b> Consumers are consulted through forums, surveys or other methods of receiving information about consumers needs to ensure that services are relevant and appropriate.</p>	<p>✓</p>		
<p><b>3.a.b.c.7</b> Needs assessment includes consideration of special needs groups: NESB, ATSI, rurally isolated, with dementia, financially disadvantaged people.</p>	<p>✓</p>		

<b>OBJECTIVE 3: Efficient and Effective Management</b>			
<b>PERFORMANCE QUESTION</b>			
3.d How can your agency show that it involves consumers in service management?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>	
PROGRESS ON PREVIOUS ACTION PLAN: <b>NOT APPLICABLE</b>			
<b>FINDINGS:</b>			
<p>The Board of WCHC includes consumer representatives. The recent strategic planning process included the involvement of two consumers providing valuable input into the development of this document. Consumer surveys are conducted annually. The 2010 survey involved feedback from 40 consumers and the methodology included random selection of the clients who were initially contacted by care managers to invite them to participate. This contact was then followed by an independent survey facilitator who telephoned each client and interviewed them against a series of questions. The resulting information was collated and reported to WCHC. Similarly, the recent Cultural Diversity Needs Survey included telephone interviews from existing clients who come from CALD communities and this information has led to the development of some new initiatives for the organisation reported under 1.b.</p>			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>3.d.1</b> Agency demonstrates that consumers are actively encouraged to be involved in agency management and provides details of how this is done, eg. consumer advisory groups or participation on the board.	✓		
<b>Further Requirements</b>			
<b>3.d.2</b> Extent of involvement in management is dependent on many factors, such as level of disability of the consumers. For very disabled consumers, involvement may be practical only through consumer surveys.	✓		
<b>3.d.3</b> Agency demonstrates that it has considered consumers' circumstances when seeking their involvement in service management.	✓		

**OBJECTIVE 3: Efficient and Effective Management**

**PERFORMANCE QUESTION**

3.e How can you show that your agency practises accountable management?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

This HACC Appraisal was conducted alongside an accreditation review of WCHC (against the QIC Health & Community Services Standards and the Service Excellence Program) which found that the organisation had the corporate management systems in place required of an accredited organisation. This included effective financial management practices; legislative compliance including OHS&W and privacy and documented accountability and delegations mechanisms. Policies and procedures are comprehensive however some duplication of information in different policies was noted, and they do not clearly document related procedures and forms, nor relevant legislation.

WCHC has developed a Disability Action Plan since the last appraisal. This is dated March 2010 – 2015, lines up with the organisational Strategic Plan and will be monitored and reported in line with this.

Police Checks: are conducted for staff and contractors. The policy provides guidance in relation to staff but not to contractors. The Contractors Handbook specifies that contractors are required to have a police check completed but not that they will need to cover the cost themselves, nor that this must be done prior to work been allocated to them. Neither the policy nor the handbook identify how often police checks need to be renewed.

Due recognition through the use of the HACC logo: HACC logo not evident in promotional material. Permission to use the logo has recently been acquired and this is planned to be included within material in the near future.

Fees: A policy on Client Fees is in place.

Environmental management: an Environmental policy has been developed.

Carers: While numerous strategies are in evidence to support carers and the service clearly operates within the requirements of the Carer Recognition Act, this could be further strengthened through articulation and guidance in policy.

MDS reports were compared against the Outputs Table within the current service agreement and were found to be well out of alignment, with additional categories reported against that are not identified in the Service Agreement. Recent negotiations between WCHC and OFTA have led to the new draft service agreement more closely reflecting the work of the organisation. The service model has been broadened as has the range of services identified within the outputs table. Additionally the project Name has been changed to “Lower Eyre Peninsula Community Care” to reflect these changes.

Services are provided through individual contractors. There is a system in place to support and monitor this model. This includes policy and procedural guidance through a range of policies; clearly defined roles; a recruitment process including interviews, referee and police checks and qualifications including Certificate III in Aged care and First Aid where relevant; orientation processes including a Contractor’s Information Pack; matching of clients with contractors; monitoring of contractors through feedback from clients including ongoing informal feedback, comments obtained during client review processes and through consumer surveys.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<p><b>3.e.1</b> At broadest level, the agency, monitors activities and evaluates if organisational objectives are being met, including those set out in funding and service agreements.</p>	✓		<p>Progress with the planned inclusion of the HACC logo within relevant documentation, particularly the service brochure, Client Information Booklet and Information Sheets included within the Client Information Pack.</p> <p>Develop a policy in regards to carer support and recognition.</p> <p>Refer QIC Standard 1.2, Review the Police check policy to outline expectations of contractors and to articulate timelines for renewal of police checks both for staff and contractors,</p> <p>and</p> <p>Review the Contractors Handbook to specify that contractors are required to complete and submit their police check prior to work being allocated and how often police checks are required to be re-done.</p>
<p><b>3.e.2</b> The agency follows appropriate financial management/accounting procedures and maintains appropriate records.</p>	✓		
<p><b>3.e.3</b> The agency complies with State award and legislation requirements, including those relating to the premises (building access, safety issues and leasing requirements).</p>	✓		

<p><b>3.e.4</b> Comprehensive policies guide decision making and service delivery practice within the agency which are adequately conveyed to staff.</p>	<p>✓</p>		<p>Refer QIC Standard 1.1, that WCHC develop Policy development guidelines that include review, development and endorsement practices and a Policy Template which includes an item to list legislation &amp;/or standards where relevant and also capacity to list all other associated forms and procedures.</p>
<p><b>3.e.5</b> The agency clearly conveys lines of responsibility and accountability to all staff, including volunteers.</p>	<p>✓</p>		
<p><b>Further Requirements</b></p>			
<p><b>3.e.6</b> The quality of services is monitored when purchased from a third party.</p>	<p>✓</p>		

**OBJECTIVE 3: Efficient and Effective Management**

**PERFORMANCE QUESTION**  
 3.f How does your agency ensure that staff are appropriately skilled/ competent to carry out services for consumers?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**  
 A suite of policies is in place to support human resources including the recruitment of appropriately skilled staff. Job and Person Specifications & Employment Contracts are in place for all positions. All staff undertake police checks. Referee checks are conducted and the OHS&W system provides guidance to staff in relation to health and safety. Staff have attended training in health & safety; the Administration Officer has completed Certificate III in Aged care and Certificate IV in Service Coordination since joining WCHC in 2008; the Regional Care Manager receives ongoing training through the Alzheimer’s Association as specific support in her 0.2 role as the Dementia Support link Worker. Individual training needs are identified through the annual performance appraisal system.

The Contractor model has resulted in a limited ability to provide or require training of the contractor pool, however this may well begin to affect the appeal of WCHC’s contractors to other stakeholders and may limit growth and/or community acceptance/profile. A Contractor’s regional meeting has been scheduled for the Tumby Bay area to share information and provide update training and this model should be expanded to other areas. A Contractors newsletter is in the process of being developed.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
3.f.1 Procedures in place to ensure that staff with appropriate skills are recruited.	✓		
3.f.2 Staff are selected with careful thought to the tasks they must perform and consumers they serve.	✓		
3.f.3 Safety and security of consumers is upheld by adequate selection and training procedures, eg police checks; character references and training in health and safety.	✓		
3.f.4 The agency maintains the skills and competencies of staff by facilitating training.	✓		
<b>Further Requirements</b>			
3.f.5 Requirements of special needs groups are considered when selecting staff, eg. getting staff with a second language or with experience in working with dementia.	✓		
3.f.6 Ongoing skill development, eg. training needs assessments and provision of study leave.	✓		

<p><b>3.f.7</b> Strategies in place to ensure that staff:</p> <ul style="list-style-type: none"> <li>a) remain abreast of current issues in staff development, eg. infection control, OH&amp;S;</li> <li>b) are aware of issues relevant to NESB, ATSI, rurally isolated, financially disadvantaged;</li> <li>c) are trained in dealing with people with dementia, memory loss and similar disorders;</li> <li>d) are aware of their responsibility in regard to consumer rights.</li> </ul>	<p>✓</p>		<p>Refer QIC Standard 1.2, that WCHC develop requirements for their contractors that include attendance at regular training appropriate to their role including manual handling, critical incident reporting, mandatory notification, medication management, child safe environment, dementia etc.</p> <p>and</p> <p>Further development of the model of annual regional meetings for contractors to encourage interaction between staff and contractors, and between contractors and provide opportunities for information exchange and training.</p> <p>Proceed with the development of the Contractors newsletter.</p>
<p><b>3.f.8</b> Training for volunteers is appropriate to the tasks they undertake.</p>	<p>N/A</p>		

**OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery**

4 To **ensure** that each consumer receives coordinated services that are planned, reliable and meet his or her specific ongoing needs.

**Consumer Outcomes**

- Each consumer receives ongoing assessment (formal and informal) that takes all support needs into account.
- Each consumer has a service delivery/care plan, which is tailored to individual need and outlines the service he or she can expect to receive.
- Consumer’s cultural needs are addressed.
- The needs of consumers with intellectual difficulties, including dementia, memory loss and similar disorders, and intellectual disabilities are addressed.
- Consumers receive services which include appropriate coordination and referral processes.

**PERFORMANCE QUESTION**

4.a How does your agency ensure that it regularly monitors consumer needs? How often does your agency conduct formal review of consumers and how is the time for formal reviews determined?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**

Reviews are conducted at six monthly intervals or as required depending on client need. This was confirmed by Care Managers and in the two client files sighted. The policy on Monitoring & Reviews states that six monthly reviews will take place at a minimum with reassessments conducted if significant changes occur. There are however, clients such as those receiving personal care whose needs should be reassessed regularly, eg annually as a matter of course.

Changes in client services are recorded within new contracts. These are signed by the client and a copy is provided to the contractor. The Maisy database and the client’s file are updated accordingly. Formal reviews are not conducted for clients where WCHC has been brokered to provide the service, for example Disability Services SA clients. Instead, a close working relationship is maintained with the case manager with meetings to remain abreast of client needs. At times, mutual client reviews are conducted with the principle service provider.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
4.a.1 The interval between reassessments is appropriate to the consumer group and a substantial proportion (if not all consumers) is reassessed within the determined period.	✓		
4.a.2 Justify why your reassessment interval is deemed appropriate.	✓		

<p><b>4.a.3</b> The comprehensiveness of the reassessment process is appropriate to the potential needs of the consumers.</p>	<p>✓</p>		<p>Refer QIC Standard 2.2, WCHC should review its Monitoring &amp; Review Policy to provide for six monthly reviews with an annual reassessment where appropriate to ensure client needs are monitored against defined criteria.</p>
<p><b>4.a.4</b> Any information gained through formal/informal reassessment is used to ensure services provided are appropriate.</p>	<p>✓</p>		
<p><b>4.a.5</b> Changing care needs of consumers are reflected in amended service delivery or care plans.</p>	<p>✓</p>		
<p><b>4.a.6</b> Consumer information is managed so that staff/volunteers are kept informed of changes to consumer service delivery or care plans. <b>Cross reference 4.b.2</b></p>	<p>✓</p>		
<p><b>Further Requirements</b></p>			
<p><b>4.a.7</b> Advantage is taken of contact with consumers to informally reassess or monitor their needs.</p>	<p>✓</p>		

**OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery**

**PERFORMANCE QUESTION**  
 4.b How do you inform consumers and staff of the individually tailored service or care which consumers should receive?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**  
 Policy guidance, the assessment process and consumer information all identify that the process is consumer focussed and determined by the consumer's needs and preferences. Service delivery plans are documented within contracts. These are generally of six months duration and are re-issued and signed off after the six month review.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>4.b.1</b> Services delivered to consumers are determined by the consumer's needs and where possible preferences.	✓		
<b>4.b.2</b> Consumers and staff are informed of changes to service delivery or care plans. <i>Cross reference 4.a.6</i>	✓		
<b>4.b.3</b> Service delivery/care plans should be for all consumers or the agency should be able to give reasonable account of those consumers who do not have one.	✓		
<b>Further Requirements</b>			
<b>4.b.4</b> Service delivery/care plans are discussed with consumers before implementation. Consumers are given options within service constraints.	✓		
<b>4.b.5</b> Service delivery/care plans are prepared in a timely manner.	✓		

<b>OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery</b>			
<b>PERFORMANCE QUESTION</b>			
4.c How does your agency ensure that consumers' cultural needs are taken into account when providing care/support?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
PROGRESS ON PREVIOUS ACTION PLAN: <b>SATISFACTORY</b>			
<b>FINDINGS:</b>			
As reported in 1.b WCHC has introduced some strategies in relation to improving access by members of CALD communities. Both Care Managers and the Manager have attended cultural awareness training. Additionally, some small progress has been made in attracting ATSI clients via their relationship with Pt Lincoln Aboriginal Aged Care but some further work could occur here in relation to developing skills in working with ATSI clients. WCHC's involvement in interagency networks has supported their work and they have actively sought information and collated this within a Multicultural resource folder. An Interpreters policy has been developed.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>4.c.1</b> Processes and practices must ensure that consumers' cultural, linguistic and religious needs are addressed, eg. information available in other languages, interpreters used and staff training in cultural issues.	✓		Refer QIC Standard 2.3, Identify and access training in ATSI cultural awareness for staff. This could be extended to providing opportunities to contractors to attend also.
<b>4.c.2</b> Procedures make staff aware of the individual consumer's needs and preferences are in relation to cultural background, eg. in care plan.	✓		
<b>4.c.3</b> Services are structured to promote access by special needs groups.	✓		
<b>4.c.4</b> Provision is made to allow relevant special needs groups to understand their rights and responsibilities, including their right to an advocate, and in relation to privacy and confidentiality. <b>Cross reference 2.a.8</b>	✓		Refer 1.b.1
<b>4.c.5</b> Provision is made to allow relevant special needs groups to be aware of other services available. <b>Cross reference 2.b.4</b>	✓		
<b>4.c.6</b> Information about complaints process is accessible to consumers from NESB.	✓		Ensure that the translated information includes information regarding WCHC's complaints process.
<b>Further Requirements</b>			
<b>4.c.7</b> The agency demonstrates that it actively encourages the participation of consumers from NESB, or ATSI, eg. through promoting the voice of these consumers in how services are delivered or developed.	✓		

**OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery****PERFORMANCE QUESTION**

4.d How does your agency ensure that the special needs of consumers with dementia, memory loss and similar disorders and their carers are taken into account?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

WCHC's Disability Action Plan includes dementia and mental health. One of the Care Managers allocates 0.2 of her time to conduct the Memory Loss program over two regions with discussions to extend the program to Whyalla. The Memory Loss cafes provide much needed support to carers of people with dementia. As part of the MoU with Alzheimer's Association to conduct this program, the Care Manager receives extensive and ongoing training in dementia which she is then able to share across the organisation. The Disability Action Plan includes dementia and mental health. Care managers are equipped with the information to inform family members and carers of aspects such as power of attorney / guardianship provisions and joint visits with an advocate or other agency are facilitated if required. The organisation's strengths in client focused service delivery, carer support and knowledge of the wider service system are crucial elements of their support for clients with dementia.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>4.d.1</b> At a minimum the specific needs of those with dementia and related disorders should be reflected in the development of care plans which recognise the individual circumstances and background of this person.	✓		
<b>4.d.2</b> Where appropriate, physical environments should be conducive to maintaining independence and quality of life and services should be appropriately modified to take into account the consumer's spiritual, emotional, social, cultural, physical, intellectual and psychological needs.	✓		
<b>4.d.3</b> Agencies with consumers with dementia and similar disorders should have protocols in place to identify an appropriate person to act as an advocate for the person with dementia. Where possible, this person should be the consumer's choice and the consumer's consent to share information with this person should be obtained. This key person should be consulted in the development of care plans and kept informed of service provision arrangements and changes that occur to this.	✓		
<b>Further Requirements</b>			
<b>4.d.4</b> Staff/volunteers should receive training and information about the additional needs of this group of consumers.	✓		
<b>4.d.5</b> Staff should be aware of the protocols the agency follows to refer people suspected of having dementia for appropriate assessment.	✓		

<p><b>4.d.6</b> The agency should be able to show that it responds to the additional stress placed on carers of people with dementia and similar disorders. Also, it should show that carers are informed of the additional care options available to them, including respite and local support groups. In addition, the needs of carers should be taken into account when planning services for the person with dementia.</p>	✓		
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<b>OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery</b>			
<b>PERFORMANCE QUESTION</b>			
4.e How does your agency ensure that the special needs of consumers with intellectual disabilities are taken into account?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>	
PROGRESS ON PREVIOUS ACTION PLAN: <b>NOT APPLICABLE</b>			
<b>FINDINGS:</b>			
As a low care community care provider, WCHC will generally refer clients with high special needs to Disability Services SA (DSA) who will then conduct the assessment and case management. DSA will, where relevant, then work collaboratively with WCHC in their service delivery, particularly where respite care is required. Care managers work closely with DSA Officers where required, including regular meetings to discuss client service provision. This includes quarterly meetings to oversee overall brokerage service coordination. WCHC has linkages with Eyre Carers and Uniting Care Wesley's Carer Respite & Support Service to enable further referral and support to carers.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>4.e.1</b> The special needs of people with intellectual disabilities should be reflected in the services provided to them. Services should be tailored in such a way as to satisfy the individual needs and personal goals of the person with an intellectual disability.	✓		
<b>4.e.2</b> Support is flexible to meet the changing needs of consumers.	✓		
<b>4.e.3</b> Service delivery/care plans for meeting goals and needs should be developed in consultation with the consumer. Consumers should be encouraged to participate as fully as possible in decisions and choices relating to the services they receive. This choice should be facilitated in the ongoing course of service provision.	✓		
<b>4.e.4</b> The role of key persons including advocates, families, carers or others should be recognised. The agency should facilitate the involvement of such persons where it is the wish of the consumer.	✓		
<b>Further Requirements</b>			
<b>4.e.5</b> The agency should encourage and support access to other services to meet the needs of consumers with an intellectual disability. Information and support should be offered to access mainstream services and other specialist services as appropriate.	✓		
<b>4.e.6</b> Staff and, where appropriate, volunteers should be aware of relevant community and mainstream services.	✓		
<b>4.e.7</b> Where possible, staff should be matched to individual consumers to best meet the consumer's needs.	✓		

**OBJECTIVE 4: Coordinated, Planned and Reliable Service Delivery**

**PERFORMANCE QUESTION**  
 4.f Describe the referral process used by your agency, including factors taken into consideration, and any follow up action taken by your agency.  
 4.g How does your agency cooperate with other agencies in order to meet consumer needs? Where appropriate - how is case coordination determined in your service system and how can you show that this happens?

4.f	PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
4.g	PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>

PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**  
 The referral process is supported by a number of documents including a policy on Referrals Protocol and the Brokerage Referral Form (see 1.a re suggested improvements to this form). Implementation of this process was evidenced in client files and during stakeholder interviews. Strategies to support coordinated service delivery included joint assessments with other agencies where appropriate, acceptance of other agencies' assessments and joint meetings with other providers. WCHC is an active participant of local and regional networks and this facilitates coordination at the community level.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
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**Minimum Criteria**

4.f.1 The agency can show how consumers are involved in, and informed of the referral process. Consumer preferences and care needs should be the principle factors taken into consideration when making referrals.	✓		
4.f-g.2 Agencies should undertake coordinated service delivery at the individual level. This may be demonstrated by: a) comprehensive assessment, which take into account all support needs resulting in referrals to other agencies where appropriate; b) maintenance a comprehensive list of other agencies in the area, which is regularly updated in regard to coordinators' names and service activities to ensure the appropriateness of referrals made; c) a cooperative approach to assessment by utilising assessments made by other agencies, or by carrying out joint assessments with other agencies; d) the agency taking steps where multiple agencies are involved to identify the agency responsible for case management.	✓		

<b>Further Requirements</b>			
<b>4.f-g.3</b> Follow up for consumers referred to the agency and for consumers referred onto other agencies, occurs in a timely manner.	✓		
<b>4.f-g.4</b> Assessment or reassessment should occur so that the agency can identify consumer need and eligibility for HACC services even where it may not be able to assist.	✓		
<b>4.f-g.5</b> The agency should inform other agencies of the services which it provides, and take steps to obtain information and feedback from other agencies.	✓		
<b>4.f-g.6</b> The agency should demonstrate that it works with other agencies to coordinate service delivery at the regional level by participation in activities, eg. regional HACC coordination meetings.	✓		

**OBJECTIVE 5: Privacy, Confidentiality, and Access to Personal Information**

5 To **ensure** that each consumer’s rights to privacy and confidentiality are respected, and he or she has access to personal information held by the agency.

**Consumer Outcomes**

- Consumers are informed of the privacy and confidentiality procedures and understand their rights in relation to these procedures.
- The release of consumer information occurs with the consent of the consumer or their advocate or legal guardian.
- Consumers are able to gain access to their personal information.

**PERFORMANCE QUESTION**

5.a How does your agency ensure that the release of consumer information occurs with the consent of the consumer or their advocate or legal guardian?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

Policies on Privacy and Confidentiality are in place and the Client Authority to Release / Share Information is signed by all clients and stored in their file. A check box within the file confirms that written consent has been obtained. This form however does not include the capacity to use data in relation to quality improvement and reporting to funders. Clients did sign separate release forms to have their files viewed during the appraisal process. The Client Information booklet reinforces clients’ rights to privacy as well as the right to withdraw consent to release of information.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>5.a.1</b> The release of information about consumers to other agencies only occurs with their consent, or that of their advocate or legal guardian.	✓		
<b>5.a.2</b> Procedures are in place to ensure that the consumer’s agreement is gained before information about that person is passed on to an agency or other person.	✓		Refer QIC Standard 2.4, Review the Client Authority to Release / Share Information form to ensure that clients also acknowledge that their information / data will be collated to enable reporting to funders. This form could also include the release of information for quality purposes such as internal and external quality reviews.

<b>Further Requirements</b>			
<b>5.a.3</b> Written consent is obtained (eg. confidentiality release form) or verbal consent at time referral or exchange of information is being considered.	✓		
<b>5.a.4</b> Where consumer confidentiality release forms are used at time of assessment the agency also indicates that consumers are informed of who will be given the information on the basis of these forms.	✓		
<b>5.a.5</b> The agency informs consumers of their right to withdraw consent to release personal information.	✓		

**OBJECTIVE 5: Privacy, Confidentiality, and Access to Personal Information**

**PERFORMANCE QUESTION**  
 5.b Does your agency enable consumers to access their personal information upon request?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **NOT APPLICABLE**

**FINDINGS:**  
 Consumers are advised of processes in relation to granting access to private information during assessment and review and via the Client Information Booklet. During assessment the client has the right to indicate non release of information to specific persons or services. This is captured in the form and included in client files. Clients interviewed were clear about the information that was kept regarding them and were confident that WCHC would keep their information confidential.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>5.b.1</b> Where records are held, the agency demonstrates it has a policy on granting access to personal information by consumers, and consumers are advised of this.	✓		
<b>5.b.2</b> Procedures are in place to determine whether a person is an appropriately authorised representative of a consumer and should be granted access to that consumer's record.	✓		
<b>Further Requirements</b>			
<b>5.b.3</b> Agency informs consumers of the types of records kept and of the legal responsibility of the agency to safeguard this information. <i>Cross reference 2.a.4</i>	✓		

**OBJECTIVE 6: Complaints and Disputes**

6 To **ensure** that each consumer has access to fair and equitable procedures for dealing with complaints and disputes.

**Consumer Outcomes**

- Consumers are aware of the complaints process.
- Each consumer’s complaint about a service, or access to a service, is dealt with fairly, promptly, confidentially and without retribution.
- Services are modified as a result of ‘upheld’ complaints.
- Each consumer receives assistance, if requested, to help with the resolution of conflict about a service that arise between the frail elderly person or younger person with a disability and his/her carer.

**PERFORMANCE QUESTION**

6.a How does your agency ensure that consumers are aware of the complaints process?

PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL RATING (Current Round): <b>MET</b>	APPRAISER RATING (Current Round): <b>MET</b>
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PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

Information about the complaints process, including external bodies is included in the Client Information booklet and on the website. This is explained verbally during the in home assessment, including informal complaints and reinforced during client reviews.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>6.a.1</b> The agency can demonstrate that it provides information about the complaints process to consumers.	✓		
<b>6.a.2</b> Complaints procedures are explained to consumers at the time of commencement of the service including details on whom to contact and their position of authority.	✓		
<b>Further Requirements</b>			
<b>6.a.3</b> Consumers are informed about how to express their informal concerns about services they receive.	✓		
<b>6.a.4</b> The agency periodically reminds all consumers of these procedures.	✓		
<b>6.a.5</b> The agency informs consumers of the external bodies in the State/Territory to whom complaints can be taken.	✓		

<b>OBJECTIVE 6: Complaints and Disputes</b>			
<b>PERFORMANCE QUESTION</b>			
6.b How can your agency demonstrate that consumer complaints are dealt with fairly, promptly, confidentially and without retribution?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
PROGRESS ON PREVIOUS ACTION PLAN: <b>SATISFACTORY</b>			
<b>FINDINGS:</b>			
There is a defined complaints process in place documented in the complaints policy and procedure which includes timelines. Both staff and contractors are aware of this process and it is included in their orientation documents and process. A complaints register is in place but has not had an entry for some years. Additionally, systems are not in place to capture informal complaints to determine any possible trends or system wide issues.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
6.b.1 Complaints process is fair and enables a timely response, eg. person affected by a decision should be informed of facts and have opportunity to put their case.	✓		
6.b.2 Decision maker acts fairly and without bias and process occurs within a specified time frame.	✓		
6.b.3 Processes ensure confidentiality and non-discriminatory treatment of consumers who make a complaint.	✓		
<b>Further Requirements</b>			
6.b.4 Process by which 'informal complaints' are dealt with are fair, timely, treated confidentially and do not result in discrimination against the consumer.	✓		Refer QIC Standard 1.1, WCHC should review their complaint policy and procedure to encourage more recording of informal complaints, as well as resolved issues, complaints and feedback to assist in identifying trends at the Board level for risk management and CQI across the system. The complaints management system could include developing KPI's.
6.b.5 Staff are aware of formal and informal procedures regarding complaints.	✓		
6.b.6 Staff receive training in resolving complaints and disputes.	✓		

<b>OBJECTIVE 6: Complaints and Disputes</b>			
<b>PERFORMANCE QUESTION</b>			
6.c How can your agency demonstrate that it can offer assistance to help with the conflict about a service between a consumer and his/her primary carer?			
PREVIOUS RATING: <b>MET</b>	ORGANISATIONAL (Current Round): <b>MET</b>	RATING	APPRAISER RATING (Current Round): <b>MET</b>
PROGRESS ON PREVIOUS ACTION PLAN: <b>SATISFACTORY</b>			
<b>FINDINGS:</b>			
Staff demonstrated a well developed understanding of the needs of carers. A Carer Recognition policy, as recommended in 3.e will provide clearer guidance in this area. In addition, Care Managers will use external advocates to prevent an escalation of such a situation as identified in the Information and Advocacy Policy.			
CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>6.c.1</b> While formal policies may not be in place the agency should be able to show that it has a clear and appropriate way of dealing with such situations. In general: a) open, early discussion of potential difficulties; b) advocate usage encouraged-preferably early on. Agency should advise this; c) referrals to advocacy or counselling are arranged if necessary.	✓		
<b>6.c.2</b> Staff are aware of policies and procedures relevant to conflict between a carer and frail elderly person or a carer and a younger person with a disability.	✓		
<b>Further Requirements</b>			
<b>6.c.3</b> The agency demonstrates that it is aware of the special needs of some groups in relation to this standard, eg. consumers with dementia and their carers.	✓		

## OBJECTIVE 7: Advocacy

7 To **ensure** that each consumer has access to an advocate of his or her choice.

**Consumer Outcomes**

- Each consumer has access to an advocate of his/her choice.
- Consumers know of their right to use an advocate.
- Consumers know about advocacy services – where they are and how to use them.
- The agency involves advocates in respect to representing the interests of the consumer.

**PERFORMANCE QUESTION**

7.a How does your agency ensure that advocates are involved in representing the rights and concerns of consumers?

PREVIOUS RATING: **MET**

ORGANISATIONAL RATING  
(Current Round): **MET**

APPRAISER RATING (Current Round): **MET**

PROGRESS ON PREVIOUS ACTION PLAN: **SATISFACTORY**

**FINDINGS:**

The Information and Advocacy Policy provides a clear definition of what an advocate is, their role and use of their services by WCHC, eg via referral. This is further explained in the Client Information booklet and the Client Pack includes brochures form ARAS. ARAS brochures in a range of languages are also provided and kept on hand at reception. Advocacy is further explained during the assessment and review processes. A check box in the client file identifies dissemination of this information. ARAS visit Pt Lincoln on a regular basis to speak to a range of forums and WCHC taps into this. A staff member attended the recent 2010 ARAS Elder Abuse Conference in Adelaide.

CRITERIA	✓ x N/A	ESSENTIAL RECOMMENDATIONS	CQI RECOMMENDATIONS
<b>Minimum Criteria</b>			
<b>7.a.1</b> Policies and procedures are in place to promote and encourage the use of an advocate where that is the wish of the consumer.	✓		
<b>7.a.2</b> Information is provided to consumers about what an advocate is, how to obtain one and their right to use one. <i>Cross reference 2.a.5</i>	✓		
<b>7.a.3</b> The agency should be aware of the types of services provided by advocacy groups in their area.	✓		
<b>Further Requirements</b>			
<b>7.a.4</b> The agency takes action periodically to remind consumers about advocacy, in particular, takes steps to convey this to consumers who may appear to have a particular need for it. <i>Cross reference 2.a.6</i>	✓		
<b>7.a.5</b> The agency has established links with advocacy groups. Inviting speakers from them may be a demonstration of this.	✓		

<b>7.a.6</b> The agency takes steps to inform staff of advocacy services and train them in involvement of advocates.	✓		Use opportunities such as the planned Regional meetings and newsletter to keep Contractors up to date with information regarding advocacy services and processes.
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## AGENCY APPRAISAL SUMMARY FORM

### PART 1: Summary of the Agency's Appraisal

**Date of appraisal:** 28 June – 1 July 2010

**Type of appraisal:** HACC National Service Standards

**Name of agency:** West Coast Community Services trading as West Coast Home Care

**Postal Address :** PO Box 881 Port Lincoln SA 5606

**Manager of Service** Cheryll Williams

**Program Coordinator:** Cheryll Williams

**Phone/Fax/Email:** Ph: 08 8682 2177 Fax: 08 8682 6656  
 Email: [manager@westcoasthomecare.com](mailto:manager@westcoasthomecare.com)

**Participants:** Board (3), Staff (5), consumers (3), contractors (1), stakeholders (4)

**Type of Consumer feedback considered:** Consumer interviews and results of recent Consumer Satisfaction survey

**Number of consumers involved:** 3 consumers interviewed, 40 survey responses

The overall performance against the Home and Community Care National Service Standards falls into one of the following categories.  
 (Please **tick** the appropriate box)

<b>High Standard</b> (More than 17.4)	<b>Good Standard</b> (Between 17.4 and 15)	<b>Basic Standard</b> (Between 14.9 and 10)	<b>Poor Standard</b> (Less than 10)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List those objectives where the compliance indicators are less than 1.00 – **Nil**

Action Plan to be Completed by – **6 September 2010**

Date of next appraisal (3 year cycle) – **2012 / 2013**

## APPENDIX 1: THE INSTRUMENT SCORE

OBJECTIVE	No: falling into the following categories.			
	Met	Partly Met	Not Met	Not Applic
1. Access to Services	3	0	0	0
2. Information and Consultation	3	0	0	0
3. Efficient and Effective Management	6	0	0	0
4. Coordinated, Planned and Reliable Service Delivery	7	0	0	0
5. Privacy, Confidentiality and Access to Personal Information	2	0	0	0
6. Complaints and Disputes	3	0	0	0
7. Advocacy	1	0	0	0
<b>Number</b>	25	0	0	0
<b>Calculation</b>	( x 2)	( x 1)	( x 0)	
<b>Score</b>	50	0	0	
<b>Total Summed Score</b>	<b>50</b>			

### Total Overall performance

Number of applicable ratings	=	25				
Total summed score	=	50				
Instrument score <small>(summed score divided by applicable ratings)</small>		50	divided by	25	=	2.00
Overall Instrument Score		2.00	x 10 =	20.0		

**APPENDIX 2: SCORES ON INDIVIDUAL OBJECTIVES**

Objective	No: falling into the following categories.				Number of Applicable ratings	Summed Score	Compliance Indicator
	Met (x2)	Partly Met (x1)	Not Met (x0)	Not Applic			
1. Access to Services	3	0	0	0	3	6	<b>2.00</b>
2. Information and Consultation	3	0	0	0	3	6	<b>2.00</b>
3. Efficient and Effective Management	6	0	0	0	6	12	<b>2.00</b>
4. Coordinated, Planned and Reliable Service Delivery	7	0	0	0	7	14	<b>2.00</b>
5. Privacy, Confidentiality and Access to Personal Information	2	0	0	0	2	4	<b>2.00</b>
6. Complaints and Disputes	3	0	0	0	3	6	<b>2.00</b>
7. Advocacy	1	0	0	0	1	2	<b>2.00</b>

## **DISCLAIMER**

### **Limits to the Guarantee of Quality**

It is important that the limits to the guarantee of quality and consistency that are conferred by this appraisal are understood. The appraisal process relies on the accuracy of the organisation's written self-assessment, the information and evidence provided throughout the assessment and the consistency between normal daily practice and the documented systems that are reviewed. If there is a high degree of accuracy and consistency then the guarantee of quality that is conferred by the appraisal can be considered high. Even in this situation, however, an appraisal does not ensure that all services and service providers will at all times practice in a manner that is consistent with the finding in this report. Consequently, no liability is accepted by QMS for any harm to persons or property that result from the actions of this service.