All Good Care

Performance Report

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**Commission ID:** 701061

**Provider name:** All Good Care Pty Ltd

**Quality Audit date:** 18 August 2020 to 19 August 2020

**Date of Performance Report:** 30 September 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Not Applicable |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not Applicable** |
| Requirement 5(3)(a) | Not Applicable |
| Requirement 5(3)(b) | Not Applicable |
| Requirement 5(3)(c) | Not Applicable |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Quality Audit report received 21 September 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

A sample of consumers and representatives confirmed they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and live the life they choose. For example, consumers said staff treat them with respect and know what is important to them.

Staff demonstrated they were familiar with consumers backgrounds and understood what was important to consumers. The Assessment Team observed staff speaking respectfully to consumers over the telephone.

The service has policies, procedures and staff training in place to guide staff in their engagement with consumers in a culturally safe manner and to promote inclusive and consumer-centred care and service delivery.

Staff demonstrated respect towards consumers and an understanding of their care preferences. However, care plans did not consistently support the staff to understand each consumer’s needs, goals and preferences regarding their care and services.

The service did not adequately demonstrate that information provided to each consumer was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice.

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

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

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Non-compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

The Assessment Team found the feedback and complaints brochures provided to consumers contained outdated and obsolete contact details for external complaint bodies. The Approved Provider’s response claimed that the information on external complaint bodies had since been corrected and updated and provided to all consumers. I note that whilst the information on the feedback and complaints brochure and in the revised Client Handbook is consistent, the brochure and the Client Handbook continues to provide two telephone contact numbers for the Aged Care Quality and Safety Commission, one of which is incorrect and is the contact number for My Aged Care. The information continues to be inaccurate.

The Assessment Team reviewed a sample of consumer files and identified care agreements that did not include all information required under the *User Rights Principles 2014*, including information about security of tenure and what to do if a consumer wants to take leave from receiving services under their package. I have reviewed the Approved Provider’s response and note that the updated Home Care Package Service Agreement documentation refers at Section 13 to ‘Termination by Us’ (the service). Section 13 refers to the provisions in the *User Rights Principles 2014* relating to security of tenure*.* Section 13 also refers to consumer ‘responsibilities, as described in the Charter of Aged Care Rights’. This reference to Consumers’ responsibilities in the Charter is inaccurate. I note the Service Agreement now refers to Suspension of Services at Section 22.

### The Assessment Team reviewed the home care agreement and the ‘Client Handbook (Aged Care/Home Care Packages)’ for consumers and identified inconsistent and outdated information, particularly in relation to the superseded Charter of Care Recipient’s Rights and Responsibilities – Home Care. Whilst the Approved Provider’s response included an updated Care Agreement and Handbook, I note from the copies provided in the response that the Handbook continues to refer to the rights and responsibilities contained in the Charter of Care Recipient’s Rights and Responsibilities – Home Care. This is inaccurate. The copy of the Home Care Package Service Agreement provided refers to the Charter of Aged Care Rights. However, immediately following the Charter of Aged Care Rights, the Agreement refers to consumers’ rights and responsibilities and infers that such responsibilities exist under the Charter. It is not accurate to indicate that the responsibilities exist under the Charter.

The Assessment Team found consumer care plans did not include consistent information about services provided or the consumer’s needs, goals and preferences. The Approved Provider’s response stated that while the service has a process for staff to consult with consumers to understand their goals, needs and preferences, this has not been consistently documented. The Approved Provider’s response outlined strategies to improve the service’s documentation in care plans. This information has also been considered in Requirement 2(3)(d).

### The Assessment Team identified from a sample of consumer files that budgets for consumer care packages were not updated when care needs changed. The Team found that the budget documents reviewed for two consumers did not provide current, accurate and timely information. I acknowledge the Approved Provider’s response that two consumers preferred to have their budgets combined. However, the response did not address the Assessment Team’s finding that the budget information was inaccurate as a result of budgets not being updated after a change in care needs.

### For the reasons detailed above, the service does not comply with the requirement to provide consumers with current and accurate information and is Non-Compliant with Requirement 1(3)(e).

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

A sample of consumers confirmed they felt like they were partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed by the Assessment Team reported:

* they were involved in care planning
* staff talk to them about their care and services, and
* they have a copy of their care plan available to them in their home file.

The service was not able to demonstrate that assessment and care planning documentation consistently informed the delivery of safe and effective care and services. Not all care plans reviewed by the Assessment Team sufficiently identified and addressed consumers’ current needs, goals and preferences or detailed information to guide staff in the delivery of care and services. The service was not able to adequately demonstrate consumers’ care and services were reviewed regularly for effectiveness, when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found assessment and care planning documents used were inconsistent with the documents identified in the service’s policies and procedures. The Approved Provider’s response advised that the service utilises a Home Care Client Risk Assessment Form developed by the service and no longer uses a separate falls risk assessment tool (FRAT) and malnutrition assessment tool. I note that the Home Care Client Risk Assessment Form submitted in the Approved Provider’s response incorporates a FRAT and malnutrition risk assessment along with other risk assessments.

### The Assessment Team found that not all care plans they reviewed included sufficient detail about assessed needs and risks to the consumer to guide staff in the delivery of care and services. For example, the files of three consumers with complex care needs did not include assessments and care planning information and strategies to manage their respective complex behaviours, high falls risk and personal care needs. The Approved Provider’s response included updates to the respective consumers’ care plans to address the deficiencies identified by the Assessment Team.

### Whilst I acknowledge that the assessments and care plans have been updated following the Assessment Contact, at the time of the visit, assessments, consideration of risks to the consumer and care planning were not consistently being completed and/or documented to guide staff practice. For this reason, the service is Non-Compliant in Requirement 2(3)(a).

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Non-compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team found the outcomes of assessment and planning are not documented in consumers’ care plans. For example, care plans did not consistently contain details about:

* consumer’s assessed needs, goals and preferences
* strategies to guide staff in the delivery of care and services
* assessments conducted by clinical or allied health professionals, and
* services to be delivered, agreed days, times and hours of service delivery, as per the home care package budget.

As discussed in Requirement 1(3)(e) and Requirement 2(3)(a), consumer care plans did not include consistent information about the consumer’s assessed needs, goals and preferences, services provided and information to guide staff in the delivery of care and services. The Approved Provider’s response acknowledged this and updated respective consumer’s care plans and outlined strategies to improve the service’s documentation in care plans. Further, as discussed in Requirement 2(3)(e), the service did not establish that it updates care plans following a significant change in consumers’ needs.

The Approved Provider’s response also identified the service’s use of the TeamUp app to relay information about service provision between staff and the emphasis placed on verbal communication with consumers, as suggested by the Approved Provider’s statement “All Good Care’s excellent verbal communication between clients, the workforce and external professionals to ensure everyone is on the same level in knowing how to look after clients”. I do not consider that the service’s reliance on verbal communication and the TeamUp app establishes that care and services are effectively communicated to the consumer and documented in a care and services plan.

For the reasons detailed above, the service is Non-Compliant in Requirement 2(3)(d).

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Approved Provider’s response reported that care plans are reviewed every 12 months unless a review is triggered by a significant change in a consumer’s health status, an incident has occurred or at the request of a consumer. The Assessment Team identified that the Client Handbook and the Home Care Agreement stated that the service will review care plans every six months. I note that the Handbook and Agreement submitted by the Approved Provider now refers to an annual review. This appears to have remedied the discrepancy between the service’s policy and the information provided to consumers in the Handbook and Agreement. I further note the Approved Provider has since implemented a process to monitor care plan reviews to ensure they occur as per schedule or when required.

However, care planning documentation reviewed by the Assessment Team, and management interviewed confirmed, identified that care and services are not consistently reviewed when circumstances change. Also, when there is a review within the 12-month review, care plans are not routinely updated. The Assessment Team identified three consumers whose care plans were not updated as a result of their changed circumstances (including in relation to a consumer referred to in the Assessment Team’s report under Requirement 2(3)(a)). I am concerned that a significant change in one of these consumer’s circumstances did not trigger a review of the consumer’s care plan and budget documentation until six months after the change when the matter was raised by the Assessment Team.

Despite the service’s policy, the Approved Provider has not provided any information to establish that staff at the service would initiate and document a review of a consumer’s care and services when appropriate outside the 12-month review schedule.

For the reasons detailed above, the service is Non-Compliant with Requirement 2(3)(e).

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers interviewed confirmed they get the care they need and have access to a Medical Officer or other health professionals when they need it.

Consumers provided positive feedback about the staff and said staff understand their needs, goals and preferences.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection, including COVID-19.

The service has policies and procedures relating to clinical and personal care delivery which is available for staff to access to ensure best practice. Review of the consumers’ clinical and personal care needs identified consumers sampled received safe and effective care.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

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

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

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

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives interviewed said they get the care and services they need and feel supported to do the things they want, including assistance with cleaning, shopping and transport to appointments and activities. They said the service supports their emotional, spiritual and psychological well-being, and described how staff assist them to access the community, including attending medical appointments and to undertake shopping, to engage in social and personal relationships and to do things of interest to them.

Staff and management described how information about consumers’ changed care and services are communicated via phone calls, emails and text messages.

Consumers and representatives interviewed said the service had referred them to appropriate individuals, organisations and providers to meet their needs.

Care planning documentation reviewed by the Assessment Team identified the environment risk assessment in the home includes assessment of equipment used for housekeeping and cleaning.

The Quality Standard is assessed as Compliant as six of the seven specific requirements have been assessed as Compliant. Requirement 4(3)(f) was not assessed as the provider does not provide food or meal services through its home care packages.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Not applicable

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

### Requirement 4(3)(g) Compliant

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

# STANDARD 5 NOT APPLICABLE Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard was not assessed during the Quality Audit of 18 to 19 August 2020 as it was not applicable to the home care service.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and their representatives said they were made aware of advocacy and external complaints agencies and consumers advised they were encouraged and supported to give feedback and make complaints, and that appropriate action is taken by the service in response to their feedback.

Staff confirmed consumers have provided feedback to the service and that the feedback is actioned in a timely manner.

The service has policies and procedures in relation to management of feedback and complaints. Staff are trained in relation to feedback and complaints management.

The service maintains records of consumer feedback and complaints and the information informs continuous improvement processes.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

### Requirement 6(3)(d) Compliant

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers reported they get safe, quality care and services when required and consumers reported staff are kind, caring and respect their culture, identity and diversity.

Staff interviewed said they have sufficient time and resources to meet the needs of the consumers.

Strategies are in place to provide staff with orientation, induction and training.

Strategies are in place to monitor job specific credentials.

Strategies are in place to monitor staff performance.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall consumers are satisfied that the organisation is well run. Whilst consumers did not express an understanding of how they were engaged as partners in improving the delivery of care and services, consumers were aware of how to provide feedback to the service and they stated that the organisation regularly follows up with them about the delivery of care and services. A review of progress notes, the feedback register and completed surveys established that consumers were engaged with the organisation about care and services.

The organisation has a set of policies and procedures that relate to business planning and correlate with the Aged Care Quality Standards.

The organisation has policies and procedures describing systems for managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The organisation provides training to staff about antimicrobial stewardship, restrictive practices and open disclosure.

However, the organisation’s information systems were inaccurate and information was absent. The governing body was not aware of or understood its legislative requirements in relation to the delivery of quality and safe aged care services. The governing body’s systems and processes did not accurately reflect the organisation’s policies and procedures.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

At the time of the Assessment Contact, the organisation was not able to demonstrate it had effective organisation-wide governance systems. Deficiencies were identified in relation to information management, financial governance and regulatory compliance.

In relation to information management:

Consumer information was stored across four different mechanisms including two electronic systems, one paper-based file stored within the service and a paper-based consumer file at the homes of consumers. The information on the consumer’s assessed needs and care planning was inconsistent across three of these mechanisms. The service’s policies and procedures were inconsistent and did not reflect the service provided. A review of information sources for consumers identified inconsistent, in-accurate and absent information. The Approved Provider’s response indicated that the organisation was in the process of choosing software that would combine all information mechanisms and manage the organisation’s information. In addition, it had commenced a review process of all documentation to ensure it is current.

In relation to financial management:

The Assessment Team found while the organisation had a financial management policy, it had not been implemented at the time of the Assessment Contact and management did not provide further information to establish that financial management systems and processes were in place. The Approved Provider’s response stated that the “MYOB Account Right” financial management system is being assessed and the organisation uses the services of an accountant.

In relation to regulatory compliance:

The Assessment Team found information for consumers that was required under legislation was either absent or out-of-date. This matter has been dealt with previously in relation to Non-Compliant requirements above in Standards 1 and 2.

I acknowledge the Approved Provider’s intention to improve their systems. However, I find that the Approved Provider has not established that the organisation’s governance systems are effective and is, therefore, Non-Compliant in Requirement 8(3)(c).

### Requirement 8(3)(d) Compliant

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### Requirement 8(3)(e) Compliant

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

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(e) - ensure Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.
* Requirement 2(3)(a) - ensure assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Requirement 2(3)(d) - ensure the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.
* Requirement 2(3)(e) - ensure care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 8(3)(c) - ensure effective organisation wide governance systems relating to information management; financial governance and regulatory compliance.