Christian Home Care

Performance Report

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**Commission ID:** 300999

**Provider name:** Auslink Exports Pty Ltd

**Quality Audit date:** 13 April 2021

**Date of Performance Report:** 18 June 2021

# Publication of report

This Performance Report **will 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** | **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) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not Assessed** |
| **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Quality Audit report received 30 April 2021.

# STANDARD 1 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

The Assessment Team assessed all requirements within this Standard and have recommended these Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 1.

The organisation demonstrated the consumer is treated with respect and dignity, can maintain their identity and make informed choices about care and services.

Consumers and representatives interviewed said the consumer is treated with respect, their privacy is respected, and they are enabled to participate in decisions about the care needs of the consumer.

Staff interviewed demonstrated an understanding of the consumers and their care needs and spoke about consumers in a way that showed respect and an understanding of their personal circumstances and life journey. Staff discussed consumers’ care needs, demonstrated an understanding of the complexity of consumer and representative relationships and the support they require to make and communicate decisions.

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

The organisation demonstrated how information is kept private, secure, safe and confidential. An information pack is provided to all consumers relating to information on home care packages.

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

Based on the information reviewed I consider this requirement to be Compliant.

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

*Care and services are culturally safe.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 1(3)(e) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

# STANDARD 2 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

The Assessment Team assessed all requirements within this Standard and have recommended these Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 2.

The organisation demonstrated effective assessment and planning occurs to meet consumers’ care needs, goals and preferences.

Consumers and representatives described assessment and care planning processes and how it meets their needs. Consumers and representatives discussed what was important to them and how they wanted to be supported to live independently in their homes. Consumers and representatives interviewed stated they were involved in the initial assessment and care planning process and that they were provided a copy of the care plan.

Staff could describe assessment and care planning processes to meet consumers needs, goals and preferences. Staff involved in care delivery confirmed there is relevant and sufficient information at the point of care to ensure safe and quality care and services are delivered.

Care plans were individualised and specific to the risks to each consumer's health and well-being. Care plan development is timely and includes comprehensive assessment of consumers needs, goals and preferences. All care plans sampled show evidence of review on a regular basis and when circumstances change.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 2(3)(d) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 2(3)(e) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

# 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

The Assessment Team assessed all requirements within this Standard and have recommended Requirement 3(3)(d) not met and all other Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and supporting evidence and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 3. Reasons for my Compliant decision concerning Requirement 3(3)(d) is listed further below.

The service demonstrates consumers get personal and/or clinical care that is safe and right for them. Consumers and representatives said care is safe and meets consumers’ needs. Overall consumers and representatives confirmed they usually get the care they need and provided positive feedback about the manner in which staff provide care. Consumers and representatives at interview confirmed the service had discussed advanced care plans during the assessment process. Consumers said they see health professionals such as the allied health professionals including occupational therapists and podiatrist according to their needs and general practitioners as required.

Staff described the high impact and high prevalence risks for consumers that included falls. Risks associated with diagnoses or decline were also described. Management described referral mechanisms for services.

Consumer care files demonstrated consumers receive safe and effective care and effective management of high impact and high prevalence risks in relation to falls risks and diabetes management. Assessments and care plans reflect information about advance care plans and end of life, they are discussed during the assessment process and noted whether the consumer has or has not an advanced care plan in place. Care documents including progress notes and reports from medical practitioners and allied health professionals provide adequate information to support effective and safe sharing of the consumer’s 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

The Assessment Team found consumers, representatives and staff described how changes in consumers’ health are identified and responded to. Staff were responsive to changes in health and well-being and take timely action with monitoring occurring. However, documentation indicated timely identification, monitoring and appropriate care when changes occur is not always followed up on and relevant documentation is not always completed. Evidence included:

* One consumer was identified as a falls risk. There were no falls risk assessment conducted for the consumer. Records show the consumer had a fall in January 2021 and the consumer sustained a bruise to the little finger of the left and had sore ribs. Discussion with staff and management found there was no follow up with the consumer.
* One consumer was identified as a very high falls risk and very unstable on their feet. This consumer was reported as having had a fall in February 2021. The Assessment Team stated there was no follow up to the fall and following discussion with management a note was identified dated shortly after the fall indicating the service made contact with the consumer and representative to discuss the falls risk and the serious prospect of a serious injury occurring with attempts to convince the consumer to be assessed by an Occupational Therapist and consideration of a walking frame. The consumer was noted to have declined the support.
* One consumer was identified with two complaints of pain, the first in December 2020 reporting a sore shoulder and the second in January 2021 reporting knee pain. There was no follow up identified in the consumer’s file. The Assessment Team discussed this with management who confirmed they were aware of the consumer’s pain, but there was no follow up evident.

The Approved Provider did not agree with the Assessment Team’s findings that the falls and pain events associated with the care of consumer’s was deterioration, or a change in their condition and that the service did respond to these issues in a timely manner. The Approved Provider made a submission with supporting evidence in response to the findings which included:

* In relation to the first consumer the Approved Provider did not agree the service had not responded to a change in condition in a timely manner. The consumer had a history of falls and the consumer’s physical and mental functioning had not changed. The consumer had an initial falls risk assessment on entry to the service and an Occupational Therapy review conducted in December 2020 with the purpose of reducing falls risks. The Occupational Therapist review indicated a falls risk assessment determined a low falls risk and made recommendation for a hand rail to be installed in the garden area to assist with managing falls risks. The service’s case manager followed up with the consumer later on the day of the falls incident which was confirmed by a statement from the consumer. The service has been working with the consumer on an ongoing basis to minimise risk of falls. There has been no deterioration to the consumer’s health identified.
* In relation to the second consumer the Approved Provider did not agree did not agree the service had not responded to a change in condition in a timely manner. The consumer has had an initial falls risk assessment on entry to the service in 2019 and the service has been referring the consumer to falls risk strategies as recommended by a previous Occupational Therapist review in December 2019. The service has assisted with a bathroom modification to mitigate risk of falls which was commenced in November 2020. The consumer has also declined recommendations of a four wheeled walker. The service followed up the consumer and representative post fall in February and recommended an Occupational Therapy assessment which was declined. There has been no deterioration to the consumer’s health identified.
* In relation to the third consumer, the Approved Provider advised the consumer has chronic, but stable pain in the leg and shoulder and does often make complaints of this. Staff regularly enquire about the consumer’s pain condition. The consumer made a statement to confirm their pain management needs are met in consultation with their medical officer and only require the service for their domestic needs.

In considering the Assessment Team’s report and the Approved Providers response I find that information available supports the service has taken appropriate actions to respond to changes in consumer condition in a timely manner in relation to the consumers identified in the Assessment Team’s Report.

In relation to falls incidents for two consumers I find that there has been insufficient information available to indicate there was a deterioration or change in the consumer’s condition before or following these events and the service had followed up these incidents with the consumers in a timely manner to review their condition. The consumers were satisfied their care needs were met.

In relation to one consumer’s complaints of pain I find there was insufficient information available to indicate pain was causing deterioration or change of the consumer’s condition and the consumer stated their pain management needs were being met by their medical officer.

Based on the evidence reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

# 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

The Assessment Team assessed all requirements within this Standard and have recommended these Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 4.

The service demonstrates consumers get services and supports for daily living that are important for their health and well-being and enable consumers to the things they want to do.

Consumers and representatives interviewed confirmed that consumers are supported by the service to do the things they like to do. Consumers provided examples of things they receive assistance with such as transport to appointments, church services and bible studies. Consumers and representatives described the choices offered to them and the support provided when they are feeling less well.

Staff demonstrated an understanding of individual consumers circumstances and adapt the programs to ensure all consumers can access these as based on their individual emotional, spiritual and psychological requirements.

Consumer assessment and care planning documentation includes information regarding consumer interests, abilities and the level of assistance required. Information in relation to their past life is reflected to guide conversations and support identification of interests.

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

## 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 4(3)(f) Compliant

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

# 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

The Assessment Team assessed all requirements within this Standard and have recommended these Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 6.

The service demonstrates they regularly seek input and feedback from consumers via communication with consumers, feedback forms and surveys and how the findings from that feedback is used to improve services.

Consumers and representatives said they understand how to give feedback and make complaints. They are comfortable raising concerns and provided examples of how matters raised have been resolved. Consumers and representatives are provided with information about feedback and complaints processes available to them, how complaints are managed and how confidentiality is respected.

Staff described how they assist and encourage consumers to provide feedback and make complaints and how they are supported by the organisation to raise complaints. Management advised training is provided to staff on how to respond to and record complaints and ensure open disclosure.

Incident and feedback documentation reviewed indicates management uses an open disclosure approach in the management of incidents and complaints.

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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

# 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

The Assessment Team assessed all requirements within this Standard and have recommended these Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 7.

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

Consumers and representatives were satisfied that their choice of staff was available to deliver care and quality services. Consumers confirmed they were informed of any changes to services times or staff personnel. Consumers were confident staff were competent in care and service delivery.

Staff said they received training at induction and have to undertake online training annually. Staff confirmed undertaking all the infection control and hand hygiene training and certificates were provided to the service. Management monitors staff compliance including staff professional registrations and police checks. Staff performance monitoring and supervision processes are in place.

The service has an effective annual performance appraisal system to assess and monitor staff performance and includes discussions with staff on their performance, feedback from consumers, review of education completed, identification of further education needs and discussion as preferred or appropriate. Review of staff rosters, allocation sheets and shift vacancies over the last fortnight and random sampling indicates all shifts are allocated and filled.

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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

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

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

Based on the information reviewed I consider this requirement to be Compliant.

# STANDARD 8 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

The Assessment Team assessed all requirements within this Standard and have recommended Requirement 8(3)(d) not met and all other Requirements as met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and supporting evidence and I find Auslink Exports Pty Ltd, in relation to Christian Home Care, to be Compliant with all Requirements of Standard 8. Reasons for my Compliant decision concerning Requirement 3(3)(d) is listed further below.

The service has effective governance systems and processes in place to ensure safe and effective care and service delivery to meet the needs, goals and preferences of consumers.

Consumers confirmed they are engaged by the service to provide feedback on care and service delivery. Consumers confirmed the service is responsive to their requests and they are regularly informed of changes. Examples of feedback leading to improvement in service process was identified.

The service has a risk management framework in place and has implemented incident management systems and quality indicator reporting to ensure risks associated with the care of consumers is managed and mitigated. A clinical governance framework is in place which consists of a clinical governance committee which oversees management and performance.

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

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### Requirement 8(3)(c) 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.*

Based on the information reviewed I consider this requirement to be Compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the organisation does not have effective risk management systems and practices to manage high impact and high prevalence risks associated with the care of each consumers. Evidence included:

* Two falls incidents for consumers, one in January 2021 and one in February 2021 were not documented in the quality indicator spreadsheet. Reviews were not undertaken, investigated or follow up actions taken.
* The Assessment Team noted the organisation does have a risk management framework encompassing a risk management policy, risk matrix and risk register.

The Approved Provider did not agree with the Assessment Team’s Report and provided a response with supporting evidence which included:

* The falls incident identified in January and February were identified and follow up actions taken with the consumers.
* The organisation formed a clinical governance committee in 2020 and had it’s first meeting on 16 December 2020. At a clinical governance meeting on 5 March 2021 the committee resolved that a quality indicators database be set up and all relevant incidents be captured, reported and trends identified. As the quality indicators database and process had recently commenced case managers were retrospectively including incidents going back to 1 January 2021. Due to the timing of the Quality Audit the retrospective addition of incidents had not been completed, but incidents were identified and actions taken in respect to incidents concerning consumers.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service compliant with this Requirement. Although at the time of the incidents there was not an incident management system in place, the service did capture the relevant incidents and undertake follow up actions in respect of those. The service through a continuous improvement process, recognised a need for an incident management system and this was subsequently implemented in March 2021 after the incidents had occurred. There is no information available from the Assessment Team’s Report to indicate since implementation of the incident management there has been a failure to report and document incidents in the system and subsequently manage risks associated with consumers health and well-being.

Based on the information reviewed I consider this requirement to be Compliant.

### 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.*

Based on the information reviewed I consider this requirement to be Compliant.

# Areas for improvement

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