Gippsland Lakes Complete Health

Performance Report

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**Commission ID:** 300185

**Provider name:** Gippsland Lakes Complete Health Limited

**Quality Audit date:** 12 May 2021 to 13 May 2021

**Date of Performance Report:** 28 July 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) | Not Assessed |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not Assessed** |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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 4 June 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 all requirements met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Complaint with all requirements in this Standard.

Consumers and representatives interviewed said confirmed consumers are treated with respect, their privacy is respected, and they are enabled to participate in decisions about the care needs of the consumer. Care 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. Care documentation was found to identify and have details of consumer cultural backgrounds, beliefs and any relevant guidance to support care delivery.

Consumers and representatives described how they make choices about the care and services they receive and who is involved in their care. Consumers are supported to maintain their relationships of choice. Staff demonstrated an understanding of the complexity of consumer and representatives’ relationships and the support they require to make and communicate decisions. Documentation and observations confirmed consumers are supported to make decisions.

Consumers confirmed they are supported to takes risks to enable them to live their best life. The service supports consumers with risk management policies and procedures to ensure risks are minimised to enable consumers to be independent. Consumers and representatives said they receive information to enable them to make decisions about their home care package. They confirmed information is delivered in a way that is easy to understand.

Consumers and representatives confirmed that their personal privacy is respected behind closed doors. Staff will make their presence known before performing tasks. Staff describe how consumer records are stored electronically and confidentiality is maintained.

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 all requirements met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Complaint with all requirements in this Standard.

Consumers and representatives interviewed confirmed they are part of the assessment process and can discuss changes to the delivery of their services as their needs change. Consumers and representatives interviewed confirmed that they are informed about the outcomes of assessment and planning have been provided with a care plan.

Consumers and representatives interviewed described the various ways they or others they wish to include, are involved in assessment and planning of their care. Care planning documents reflect the consumer and others they wish to have involved, participate in assessment and planning. Care planning documentation is also supplied to subcontracted service providers.

The organisation demonstrated initial assessment processes take into consideration the consumer’s care needs. Information in the assessment is populated in a consumer goal directed care plan. Care plans generally include consumers’ goals, and interventions to meet these goals. The consumer care plan is provided to the consumer at commencement of services and when reviewed.

Reassessment and review of consumers is undertaken at least annually or as needed and this was confirmed by care plans reviewed by the Assessment Team.

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 all requirements met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Compliant with all requirements in this Standard.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives said care is safe and meets consumers’ needs.

The service demonstrated high impact or high prevalent risks to consumers is managed to mitigate risks to consumers. Consumers and staff described how risks to consumer health and well being are identified and strategies are put in place to manage these.

Consumers and representatives are satisfied that the consumers will be provided with support, comfort and care at the end of their life. Consumers files identified advanced care directives had been discussed with some consumers and/or their representatives.

Examples were identified of changes to consumer health condition and the service appropriately responded to identify and plan for care delivery considering consumer changed care needs, goals and preferences.

Consumer care documentation confirmed ongoing input and liaison with others involved in the care of consumers including allied health professionals and contracted service providers. Consumer documentation reviewed confirmed referrals to health professionals occur including documentation of relevant instructions in care planning. Consumers were satisfied with referral processes to other health services.

Consumers and representatives provided examples of the service and staff infection control practices including use of personal protective equipment. There are relevant infection prevention and control policies and procedures in place including for COVID-19.

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.*

Based on the information 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 six of seven applicable requirements within this Standard and have recommended all assessed requirements met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Compliant with all assessed requirements in this Standard.

Consumers confirmed that their needs, goals and preferences are discussed and care staff know their wishes and how to support them maintain their independence when they provide services. Care documentation sampled was personalised and reflective of the way consumers used to and wish to live their lives. Consumers and representatives described the choices offered to them and the support provided when they are feeling less well. They spoke of how staff provide emotional support when they feel down or not their best.

Consumers and representatives interviewed are satisfied they can participate within their community, do the things of interest to them and have social and personal relationships. Care staff were able to provide detailed examples of how they support consumers to be active in their communities. Consumer files sampled demonstrated examples of information sharing between management, other shared services, consumers and representatives when a change in consumer needs has been recognised. Staff and management could demonstrate effective communication of consumer condition.

Sampled consumer files contained details of referrals to specialist services in accordance with assessed needs and preferences.

Consumers and representatives at interview were satisfied with the equipment provided to them through their package and stated that if they were issues with the equipment the service would get the equipment provider to undertake servicing of the equipment. Assessment and care planning documentation provided information on the range of equipment and resources that are available to support a consumer maintain they lifestyle and remain living in their homes.

The Quality Standard is assessed as Compliant as six 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) Not Assessed

*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.*

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

# STANDARD 6 NON-COMPLIANTFeedback 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 four requirements of this Standard and found Requirement 6(3)(c) was not met and Requirements 6(3)(a), (b) and (d) were met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Non-compliant with Requirement 6(3)(c) and Compliant with Requirements 6(3)(a), (b) and (d)

The service did not demonstrate that appropriate action is taken in response to complaints. Consumers interviewed expressed dissatisfaction with action taken in relation to complaints. Staff and management do not consistently acknowledge feedback and complaints if things go wrong. Complaints and feedback are not consistently documented in the organisations feedback register.

Consumers and representatives demonstrated an awareness of how to raise concerns with management. Information is available to inform and support the provision of feedback confidentially both internally and externally. There are various opportunities for consumers and/or their representatives to provide feedback on the service including through surveys, via feedback forms and telephone direct to the service.

Consumers and representatives interviewed demonstrated an awareness of external avenues and supports available for them to access and raise concerns. Management described when support such as advocacy services and interpreters is used.

The service provided examples of where complaints and feedback had been used to drive quality improvement within the service, specifically referring to statements.

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

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

The Assessment Team found the service did not demonstrate that appropriate action is taken in response to complaints. Consumers interviewed expressed dissatisfaction with action taken in relation to complaints. Staff and management do not consistently acknowledge feedback and complaints if things go wrong. Complaints and feedback are not consistently documented in the organisations feedback register. Information included:

* Two consumers interviewed stated they had made complaints about their statements as they could not identify the items charged and expressed dissatisfaction with communication from the service when making a complaint as there was no follow up communication.
* Complaints raised by the two consumers interviewed were not documented in the service’s complaints register.
* Feedback provided by an external nursing agency to the Assessment Team stated a care staff member had observed a service cleaner not cleaning properly and reported this to the service. There was no evidence of this feedback having been documented or actioned by the service.
* A sampled consumer file found one consumer made a complaint about cleaning service that did not occur and that the consumer was unhappy, but this was not documented on the complaints register.
* A further sampled consumer file found there was a complaint inappropriate behaviour of consumer from staff and also from consumer. The complaint was not registered in the feedback register.
* Review of the feedback register found only two complaints to be documented in the past 12 months.

The Approved Provider in their response acknowledged the Assessment Team’s findings in respect that complaints and feedback is not consistently documented in the feedback register and has made an undertaking to deliver additional training to staff to improve this process. The Approved Provider did not agree with all of the Assessment Team’s findings in respect of some specific consumer examples and provided the following information:

* One of the complaints from a consumer interviewed by the Assessment Team had their statement issue addressed by a change to the electronic statement system.
* The file note about inappropriate behaviour was not a staff complaint but considered as incompatibility between staff and a consumer and action was taken for a replacement worker to be rostered.
* The consumer who did not receive a cleaning service was found to have made a request to cancel the particular cleaning service referenced in the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge further information provided by the Approved Provider in regard to the file note of inappropriate behaviour and missed cleaning service, however I find at the time of the Quality Audit that feedback from consumers and another service provider and subsequent lack of complaint and feedback documentation does not support the service has taken appropriate action in response to all complaints. Consumer feedback indicates their issues have not been sufficiently resolved or have had communication to address actions taken.

In relation to the above I find the service Non-Compliant with this requirement.

### 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 all requirements met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Compliant with all requirements in this Standard.

Consumers said staff are available to provide services at the allocated time. All shifts are allocated with regular staff and if they are unavailable replacement staff are offered to fill shifts. Staff did not identify any issues regarding the adequacy of staff numbers and said management seeks feedback on staffing and consumer care needs. Shifts were found to be filled for a sampled period as reviewed by the Assessment Team.

Consumers and representatives said they find staff kind and caring. Staff at interview spoke respectfully about consumers and could identify their culture and diversity.

Management ensure the recruitment and induction of staff is appropriate to their position. Ongoing recruitment to manage service deliverables takes place.

The organisation provides training upon commencement and as part of a new staff members induction. Training includes ongoing competencies that include hand hygiene and manual handling. Staff have completed the Department of Health online COVID-19 training modules and refresher courses.

The service has a performance management framework in place to monitor staff performance in their duties to deliver quality care and services.

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.*

# STANDARD 8 NON-COMPLIANTOrganisational 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 five requirements of this Standard and Requirement 8(3)(c) was not met and Requirements 8(3)(a), (b), (d) and (e) were met. I have considered the Assessment Team’s findings and evidence and the Approved Provider’s response and I find Gippsland Lakes Complete Health Limited, in relation to Gippsland Lakes Complete Health, to be Non-compliant with Requirement 8(3)(c) and Compliant with Requirements 8(3)(a), (b), (d) and (e).

The service was unable to demonstrate effective governance wide systems in relation to information management and regulatory compliance. Not all staff had relevant police checks in place and information systems were not accessible to relevant staff to review important consumer information.

Consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation. Most consumers and representatives interviewed said they get the services they need and believe the service is well run.

The organisation has a strategic plan in place and is monitoring performance against this. The organisations executive management team and sub-committees report to the Board on a regular basis and decisions made by the Board are distributed to management and staff as appropriate. Reports to the board are inclusive of organisational and financial information, clinical monitoring and reporting, quality reporting that capture incidents and feedback.

There is a risk framework identifying high impact and high prevalence risks. There are processes to ensure action is taken and consumers are supported to live the best life they can.

The service was found to have a clinical governance framework incorporating policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.

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.*

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) 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.*

The Assessment Team found the service did not demonstrate effective governance systems in relation to information management, financial governance and regulatory compliance. The Assessment Team found the service to demonstrate effective governance systems in relation to continuous improvement, workforce governance and feedback and complaints. Information included:

Information Management:

* The organisation’s information platform does not allow staff across the case management and service provision section to access consumer information. Therefore, feedback provided by care staff is not readily available for the monitoring of change in consumer care or deterioration of a consumer. The Assessment Team was unable to review information about consumer care and feedback from care staff. The team leader, care manager and care advisor were also unable to access the information.

Regulatory Compliance:

* The service has not consistently monitored currency of police checks for all of the service’s staff and staff of subcontracted service providers.
* Two care staff were found to have expired police checks.
* Three small subcontracted service providers were found to have expired police checks.
* Larger home care package service providers were found to not be monitored for current police checks by the service.

Financial Governance:

* One consumer was found to have home care package funds utilised for the vehicle servicing and running costs as well as the purchase of an electronic tablet device.

The Approved Provider in their response acknowledged the Assessment Team’s findings in relation to regulatory checks of staff and has undertaken to put improved systems in place to correct the deficiencies identified which include a new software system to assist monitoring of staff regulatory requirements and will also review staff training requirements. However, the Approved Provider disagreed with the Assessment Team’s findings in relation to financial governance and stated the items are not specifically excluded and they use a decision making process to review purchases in accordance with consumer needs to enable them to continue to live safely in the community.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge further information provided by the Approved Provider in relation to financial governance, however I find at the time of the Quality Audit information systems were not effective to ensure information was accessible by all those that need it, regulatory checks had not been monitored for relevant staff delivering care and services and the information system was ineffective to monitor this requirement. I also note feedback and complaints were not effectively recorded in the feedback register and consumer incidents were not always documented in the service risk register as per the services process.

In relation to the above I find the service non-compliant with this requirement.

### 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.*

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

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.

* Ensure there are appropriate systems and processes in place to capture consumer complaints and feedback to enable appropriate action to be taken to resolve concerns and issues. Ensure there is an effective monitoring mechanism of the complaints and feedback system.
* Ensure appropriate and effective monitoring and governance systems are in place to monitor staff and external subcontractor regulatory checks in accordance with relevant legislation and policy guidelines.
* Ensure all staff have up to date regulatory check in place.
* Ensure effective information systems are in place that enable information to be readily accessible to those that require it and information is captured in appropriate systems.