Just Better Care Gippsland

Performance Report

60 Prince Street
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**Commission ID:** 301046

**Provider name:** Just Better Care Australia Pty Ltd

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# 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** | **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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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** | **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) | Non-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 23 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

Overall sampled consumers and representatives considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed stated staff were kind, caring and respectful of their privacy. They are enabled to live independently, make decisions about their own care and the way care and services are delivered.

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. Care staff were familiar with consumers and their lives and demonstrated an understanding of consumers’ individual preferences, culture and the way they like things done.

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. Care planning documentation reflects consumer diversity and what is of importance to the consumer. Documentation and observations indicate consumers are supported to make decisions.

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 NON-COMPLIANTOngoing 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 service did not demonstrate assessment and planning consistently considered risks to consumers health and well-being to inform delivery of safe and effective care and services. Care plans were found to not always reflect consumer care needs and provide detailed guidance around risks relevant to care needs. Care staff confirmed there was minimal information in care plans around care directives.

The service demonstrated consumers and representatives were engaged and involved in assessment and planning. 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. Advanced care planning and end of life discussions were identified in consumer care files.

The service demonstrated consumers have a care plan and have ready access to them. Consumers and representative stated they have received a copy of their care plan.

The service demonstrated care and services have been reviewed for effectiveness and or when things change. All care plans sampled show evidence of review on a regular basis and when circumstances change. Reviews occur following incidents with changes made as appropriate.

The Quality Standard is assessed as Non-compliant as one 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 the service’s assessment and planning does not consistently identify risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. For example:

* Staff identified one consumer with declining mobility, which was subsequently reported on a feedback form, had no follow up actions including further assessment of functional mobility or care plans updated to reflect strategies to assist with falls management.
* Two consumers who receive subcontracted services did not have details of their care needs provided in a care plan to the brokered service provider. One consumer is an identified falls risk and requires a walking aid, however this information was not supplied to the brokered services provider. Another consumer who receives personal care, domestic assistance and meal preparation services did not have any details of care needs, preferences or goals provided to the brokered services provider.
* Two consumers who have bed poles/sticks in place do not have relevant strategies identified to assist with safe use of the equipment, or staff guidance and instructions to monitor safe use.
* One consumer representative stated the assessment procedure does not allow for free text to detail the assessed need of the consumer.

The Approved Provider acknowledged the Assessment Team findings in respect of inconsistency of consumer assessment and planning information and has identified action items on the plan for continuous improvement to improve outcomes which include:

* Review of all consumer care plans and service requirements to ensure all are current, accurate and consistent with consumer care needs. Care plans to provide care directives to support staff and third parties in delivery of care.
* Consumer with falls risks and equipment risks will be specially reviewed, this will include assessments of risks prior to commencement of service.
* Consumers with home care packages at levels three and four will be offered nursing reviews.
* Commence daily reviews of staff feedback forms to ensure appropriate follow up, documentation and communications occurs.
* Identify and implemented appropriate training for coordination staff to enhance their knowledge and understanding.
* A continuous improvement request to review electronic documents to consider capacity of adding free text fields.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit assessments did not always identify key risks to consumers’ care. Care plans did not provide sufficient guidance to inform delivery safe care in respect of consumer risks.

I consider this requirement to be non-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 NON-COMPLIANTPersonal 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 service did not demonstrate effective management of high impact and high prevalence risks associated with the care of all consumers. Consumers were identified to be using equipment that carries risk to their health and well-being if not used correctly and safely. Risk assessments were not undertaken of the consumers’ ability to safely use the equipment and did not have relevant strategies in place to support safe use of the equipment.

The service did not demonstrate information about consumers’ condition is effectively communicated within the organisation and with others where responsibility for care delivery is shared. The service did not demonstrate effective communication of care needs to brokered or subcontracted service providers and also did not seek to identify information about the consumers’ condition and care being delivered by these providers.

Consumers generally were satisfied with the provision of care and services. Consumers, representatives and staff described how changes in consumers’ health are identified and responded to. Consumers were able to provide examples of referrals made to other health services to meet their care needs.

The service demonstrated that where consumers show signs of deterioration they respond to concerns in a timely manner. Sampled consumer care files confirmed response was prompt when deterioration was identified. The service demonstrated that it had outbreak management processes to ensure consumers and staff are safe and infection related risked are minimised.

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

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

The Assessment Team found the service does not consistently identify, assess and put in place strategies to manage high impact or high prevalence risks associated with the care of each consumer.

* Two consumer files reviewed identified there were bed poles/sticks in place, however there was no risk assessment undertaken of the equipment or guidance to ensure safe use of the equipment.
	+ One consumer had an occupational therapy assessment in December 2020 which advised a bed pole was not suitable to be in place due to cognitive function of the consumer, however the representative purchased and implemented the equipment. The service did not refer for further occupational therapy assessment to assess the consumer’s use of the equipment and safe strategies to support use.
	+ One consumer had a bed pole purchased in January 2021, however no assessment was undertaken of the consumer’s capacity to use the equipment or guidance provided to ensure safe use.
* One consumer identified with mobility decline and unsteady on their feet has not had their functional mobility assessed to determine strategies to assist the consumer to mobilise safely.

The Approved Provider acknowledged the Assessment Team findings in respect of the deficits identified and has identified action items on the plan for continuous improvement to improve outcomes which include:

* Embed falls risk and equipment assessments when consumers are admitted to the service and upon review of consumer care needs and services.
* Reinforce the need for occupational therapy assessment and recommendations identifying appropriate equipment prior to purchase and ensure appropriate risk assessments are conducted and discussions had with consumers about safe use.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit appropriate risk assessments did not occur where there were high impact and high prevalence risks associated with the care of consumers and insufficient strategies and guidance to support safe use of equipment.

I consider this requirement to be non-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) Non-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.*

The Assessment Team found information about the consumer’s condition is not consistently documented and communicated within the organisation, and with others where responsibility for care is shared. For example:

* One consumer was identified with a change in mobility status and this was communicated by staff through a feedback form, however care directives were not updated to support increased mobility needs.
* One consumer care file reviewed who was recently discharged from hospital does not contain details of the hospital admission or any discharge notes and any details of changes to care directives.
* Three consumer care files reviewed which have brokered or subcontracted services were found to not have sufficient communication of care needs and directives provided to the brokered or subcontracted service providers to ensure care delivery meets consumer care needs.
* Consumer care files reviewed which have brokered or subcontracted services were found to not have information relating to the consumers’ current condition or details of the outcomes of delivery of care and services provided by brokered or subcontracted services.
* Care staff interviewed stated they receive minimal information relating to consumer needs and supporting care directives.

The Approved Provider acknowledged the Assessment Team findings in respect of the deficits identified and has identified action items on the plan for continuous improvement to improve outcomes which include:

* Ensure consumers receiving services from brokered or subcontracted services have current and comprehensive care directives.
* Initiate quarterly requests for feedback from third parties including matters related to incidents, risks, hazards and complaints.
* Consider the implementation of communication books in consultation with consumers where multiple parties are providing support.
* Coordinators to hold regular engagement with consumers, address identified matters including appropriate follow up and documentation.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit there has been insufficient communication of consumer condition shared and documented within the organisation and with other parties responsible for delivery of care.

In relation to the planned improvement of initiating quarterly requests for feedback from third parties about consumers including incidents, risks, hazards and complaints, I note this action may not be sufficient to readily identify consumers with risks to their health and well-being and respond to their changing needs. I would encourage the Approved Provider to consider how they will ensure frequent and effective communication occurs with brokered and subcontracted service providers about consumers’ condition to ensure they meet their responsibilities to deliver safe and quality care and services to consumers as required by these Standards.

I consider this requirement to be non-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

Overall, most sampled consumers considered that they get the services and supports for daily living that are important to their health and well-being and that enable them to do the things they want to do. Consumers said 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.

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 service could demonstrate how they connect consumers to the community which included linking them to other services such as community groups, exercise programs including accessing the local swimming pool.

Consumer files reviewed demonstrated examples of information sharing between management, other shared services, consumers and representatives when a change in consumer needs has been recognised.

Consumers were referred to other organisations to assist with services and equipment for daily living such as allied health professionals and community support services.

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)(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 service demonstrated consumers are supported and encouraged to provide feedback including complaints. The service regularly seek input and feedback from consumers via feedback forms and surveys and the findings from that feedback is used to improve services.

Consumers and representatives confirmed 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 interviewed demonstrated an awareness of external avenues and supports available for them to access to raise concerns.

The service has a complaints management system in place which includes complaints register, follow up actions and outcomes. The service’s complaints process includes open disclosure principles.

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 organisation demonstrated there are effective staffing numbers and relevant skill mix to deliver care and services to consumers to meet their care needs. Consumers and representatives were satisfied that their choice of staff were available to deliver care and quality services even if the staff were from a sub-contracted service.

There are systems and processes to ensure there are enough staff to deliver safe, quality care and services. Management and staff explained, and documentation confirmed the organisation has processes in place for rostering staff for the service.

The organisation ensures 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, food safety and manual handling. All staff have completed the Department of Health online COVID-19 training modules and refresher courses.

The organisation monitors staff compliance including staff professional registrations and police checks. Staff performance monitoring and supervision processes are in place.

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 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 organisation did not demonstrate the organisation’s governing body is accountable for the delivery of safe and quality care and services where they are delivered by brokered or subcontracted service providers. The organisation could not demonstrate effective governance systems in relation to information management, workforce governance and regulatory compliance.

The organisation demonstrated consumers are engaged in development and delivery of services. Consumers and representatives confirmed the service was generally well run. The organisation has processes in place to seek feedback from consumers to improve care and service delivery.

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

There is a clinical governance framework in place and the service has clinical staff to oversee provision of clinical care.

The Quality Standard is assessed as Non-compliant as two 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) Non-compliant

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

The Assessment Team found the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services and is not accountable for their delivery in respect of care and services delivered by brokered and/or subcontracted service providers. Evidence included:

* The service has not effectively monitored care and service delivery and associated consumer outcomes for consumers that receive care and services from brokered and/or subcontracted service providers. Sample consumers receiving brokered and/or subcontracted services did not have information available about the care and services being delivered.
* There is no system in place to ensure regular communication about consumer condition is reported from brokered and/or subcontracted service providers.
* The service does not have policies and procedures in place in to manage and govern care and service delivery through brokered and/or subcontracted service providers.
* The organisation was unaware of the skills, knowledge, qualifications and experience of staff delivering care from brokered and/or subcontracted service providers and did not have systems in place to acquire and monitor this information.

The Approved Provider acknowledged the Assessment Team findings in respect of the deficits identified and has identified action items on the plan for continuous improvement to improve outcomes which include:

* Develop appropriate governance documents supporting the monitoring of subcontracted providers.
* Review all subcontracted party’s compliance with contractual requirement.
* Initiate quarterly requests for feedback from third parties including matters related to incidents, risks, hazards and complaints.
* Consider communication books in consultation with the consumer where multiple parties are delivering care.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with this Requirement. I acknowledge the service’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, I find at the time of the Quality Audit there has been insufficient accountability by the governing body of care and services delivered by brokered and/or subcontracted services.

I consider this requirement to be non-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 organisation does not have effective organisation wide governance systems in relation to information management, workforce governance and regulatory compliance. Evidence included:

In relation to information management:

* Statements for services rendered by brokered and/or subcontracted service providers were not itemised to reflect the specific service performed. Consumers are required to contact the organisation for further explanation of charges.
* Information systems are inadequate to monitor consumer care and services and consumer condition where services are brokered and/or subcontracted.

In relation to workforce governance

* The service has does not have monitoring systems in place to ensure staff of brokered or subcontracted services have relevant training, skills and/or qualifications to deliver care and services.

In relation to regulatory compliance

* The organisation has not monitored police checks and drivers licenses of brokered and subcontracted service staff.
* The organisation is not maintaining appropriate oversight of care and services delivered to consumers of brokered and subcontracted services as required by these Standards.

The Approved Provider acknowledged the Assessment Team findings in respect of the deficits identified and clarified one consumer’s statement which had inconsistencies could be explained due to tax charges. The Approved Provider has identified action items on the plan for continuous improvement to improve outcomes which include:

* Develop appropriate governance documents supporting the monitoring of subcontracted providers.
* A review of all subcontracted compliance will be undertaken over the next 3 months to ensure subcontracted service providers are compliant with relevant police checks, insurance, registrations, qualifications and training.

I consider this requirement to be non-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.*

### 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 assessment processes are effective to identify risks associated with care of consumers. Where risks are identified to consumers’ health and well-being, there are appropriate assessment processes to ensure effective management of those risks.
* Ensure care planning identifies strategies and interventions to meet the care needs of consumers. Ensure care plans provide appropriate guidance to staff to deliver care and services in line with care needs, goals and preferences.
* Ensure information about consumer conditions are communicated and documented frequently and in detail to ensure there is adequate information available about the consumer conditions.
* Ensure effective and frequent communication of information occurs between the organisation and brokered and/or subcontracted service providers in respect of consumer condition and outcomes of care and service delivery.
* Ensure there are appropriate and effective monitoring systems and processes for consumers that have care and services delivered by brokered and/or subcontracted service providers.
* Ensure there are effective governance systems and processes in relation to engagement and monitoring of brokered and subcontracted service providers, having regard to monitoring of the workforce, regulatory compliance and monthly statements.