Programmed Care

Performance Report

Programmed Building 115 Sheriffs Road   
UNDERDALE SA 5032  
Phone number: 1300 364 724

**Commission ID:** 600092

**Provider name:** Clincare Pty Ltd

**Quality Audit date:** 5 January 2022 to 7 January 2022

**Date of Performance Report:** 16 February 2022

# Performance report prepared by

S. Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# 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 2038.

# Services included in this assessment

**Home Care:**

* Clincare Pty Ltd Home Care Packages, 18481, Programmed Building 115 Sheriffs Road, UNDERDALE SA 5032
* Short Term Restorative Care, 26774, Programmed Building 115 Sheriffs Road, UNDERDALE SA 5032

# Overall assessment of Service/s

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Standard 1 Consumer dignity and choice | | | HCP | Compliant | | |
|  | | | STRC | Compliant | | |
| Requirement 1(3)(a) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 1(3)(b) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 1(3)(c) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 1(3)(d) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 1(3)(e) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 1(3)(f) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Standard 2 Ongoing assessment and planning with consumers | | | | | | |
|  | | | HCP | Compliant | | |
|  | | | STRC | Compliant | | |
| Requirement 2(3)(a) | HCP | | Compliant | |
|  | STRC | | Compliant | |
| Requirement 2(3)(b) | HCP | | Compliant | |
|  | STRC | | Compliant | |
| Requirement 2(3)(c) | HCP | | Compliant | |
|  | STRC | | Compliant | |
| Requirement 2(3)(d) | HCP | | Compliant | |
|  | STRC | | Compliant | |
| Requirement 2(3)(e) | HCP | | Compliant | |
|  | STRC | | Compliant | |
| Standard 3 Personal care and clinical care | | | HCP | Compliant | | |
|  | | | STRC | Compliant | | |
| Requirement 3(3)(a) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(b) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(c) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(d) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(e) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(f) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |
| Requirement 3(3)(g) | | HCP | | | Compliant |
|  | | STRC | | | Compliant |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard 4 Services and supports for daily living | | | | |
|  | | HCP | Compliant | |
|  | | STRC | Compliant | |
| Requirement 4(3)(a) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 4(3)(b) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 4(3)(c) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 4(3)(d) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 4(3)(e) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 4(3)(f) | HCP | | Not applicable |
|  | STRC | | Not applicable |
| Requirement 4(3)(g) | HCP | | Compliant |
|  | STRC | | Compliant |
| Standard 5 Organisation’s service environment | | | | |
|  | | HCP | Not applicable | |
|  | | STRC | Not applicable | |
| Requirement 5(3)(a) | HCP | | Not applicable |
|  | STRC | | Not applicable |
| Requirement 5(3)(b) | HCP | | Not applicable |
|  | STRC | | Not applicable |
| Requirement 5(3)(c) | HCP | | Not applicable |
|  | STRC | | Not applicable |
| Standard 6 Feedback and complaints | | HCP | Compliant | |
|  | | STRC | Compliant | |
| Requirement 6(3)(a) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 6(3)(b) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 6(3)(c) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 6(3)(d) | HCP | | Compliant |
|  | STRC | | Compliant |
| Standard 7 Human resources | | HCP | Compliant | |
|  | | STRC | Compliant | |
| Requirement 7(3)(a) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 7(3)(b) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 7(3)(c) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 7(3)(d) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 7(3)(e) | HCP | | Compliant |
|  | STRC | | Compliant |
| Standard 8 Organisational governance | | HCP | Not Compliant | |
|  | | STRC | Not Compliant | |
| Requirement 8(3)(a) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 8(3)(b) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 8(3)(c) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 8(3)(d) | HCP | | Compliant |
|  | STRC | | Compliant |
| Requirement 8(3)(e) | HCP | | Not Compliant |
|  | STRC | | Not Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services, 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 February 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant STRC Compliant

### 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

Consumers and representatives described in various ways how they are treated with dignity and respect. They provided examples explaining how they are enabled to maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers and representatives are satisfied that staff know what is important to them. It was explained that consumers felt their personal privacy and information is respected and kept confidential.

The service demonstrated the delivery of culturally safe care and services. Each consumer is supported to exercise choice and control around their care.

The Quality Standard for both the Home Care Package service (HCP) and the Short Term Restorative Care service (STRC) is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
|  | STRC | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
|  | STRC | Compliant |

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

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Compliant STRC Compliant

### 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 demonstrated thorough initial and ongoing assessment planning is undertaken in partnership with consumers and/or representatives. Consumers and representatives agreed this was their experience.

Staff displayed sufficient knowledge of care planning and assessment processes, including assessing and managing consumers changing needs and risks.

The Quality Standard for both the HCP and the STRC is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
|  | STRC | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

*The organisation demonstrates that assessment and planning:*

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

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Compliant |
|  | STRC | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |
|  | STRC | 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.*

# STANDARD 3 Personal care and clinical care

# HCP Compliant STRC Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives indicated through interviews that they receive personal and/or clinical care that suites their needs. They have access to additional clinical care if and when the need arises.

* A number of consumers advised their current services are tailored to their needs with one comment made indicating staff go above and beyond their charter to deliver personal care.

The Assessment Team found the quality of personal and clinical care delivered to consumers was in line with best practice principles. Staff interviewed displayed contemporary knowledge of consumers individual requirements.

The Quality Standard for both the HCP and the STRC is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |
|  | STRC | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  | STRC | Compliant |

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 Services and supports for daily living

# HCP Compliant STRC Compliant

### 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

A number of consumers outlined examples of effective services being delivered to them.

* It was described by more than one consumer that services are individualised in line with personal preferences and abilities.
* One consumer expressed satisfaction with the stability and performance of their long term services.

Staff provided examples of being responsive to consumer requirements and explained how they support consumer independence and individuality.

The assessment team reviewed a sample of the services records and found evidence of consumer consultation focusing on the support consumer independence.

The Quality Standard for both the HCP and the STRC is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |
|  | STRC | Compliant |

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable STRC Not Applicable

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The service does not have a location where consumers attend. This Standard does not apply and has not been assessed as part of the Quality Audit.

# STANDARD 6 Feedback and complaints

# HCP Compliant STRC Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers describing their experiences of providing feedback to the service outlined clear resolutions of their issues. Consumers explained they felt confident in providing feedback directly to staff.

Staff demonstrated contemporary knowledge of complaints handling and provided examples of responsive complaint resolution. Evidence was provided demonstrating consumer diversity was a considered aspect of this process.

Service documentation reviewed by the assessment team demonstrated feedback mechanisms are utilised as part of complaint management processes. Evidence of various service processes displayed a variety of feedback opportunities for consumers.

The Quality Standard for both the HCP and the STRC is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  | STRC | Compliant |

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

# STANDARD 7 Human resources

# HCP Compliant STRC Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives reported stable and consistent support provision, indicating adequate human resources are maintained by the service. Positive feedback was expressed by some interviewed consumers in reference to staff conduct.

The service demonstrated adequate workforce planning. Vetting and onboarding of new staff is supported by adequate policies, training programs, and monitoring systems. Staff identified that their workloads are considered sustainable.

The service demonstrated the regular evaluation and performance monitoring of personnel, evidencing the use of rigorous performance improvement measures on warranted occasions.

The Quality Standard for both the HCP and the STRC is assessed as compliant. All the individual Requirements of the Standard have been assessed as compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
|  | STRC | Compliant |

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

# STANDARD 8 Organisational governance

# HCP Not Compliant STRC Not Compliant

### 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 service demonstrated effective governance systems supporting four of the five specific assessment standards.

Assessors reviewed documentation demonstrating how consumers are enabled to provide feedback to the service through various mediums. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of services to consumers.

However, the service was not able to demonstrate the presence of a clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The service did not demonstrate its staff understand antimicrobial stewardship, minimising restraint and restrictive practises in home care settings, or open disclosure principles.

The Quality Standard for both the HCP and the STRC 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) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  | STRC | Compliant |

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Compliant |
|  | STRC | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Compliant |
|  | STRC | 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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
|  | STRC | Not 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.*

Findings:

The assessment team found that at the time of Quality Audit, the service did not have a clinical governance framework in place to identify clear roles and responsibilities outlining how the service manages the provision and oversight of clinical care to consumers. In addition, the procedure in the services “Clinical care and patient safety policy” does not provide sufficient detail to inform staff practice.

The service has a Clinical governance committee and has made a commitment to monitor, review and proactively advise on clinical issues within the service. It was noted that staff attend clinical governance committee meetings, however when interviewed they could not describe how this forum monitors and trends clinical indicator data to inform safety and quality in clinical services provided to consumers.

Minutes from a meeting in 2021 noted the discussion of a range of actions regarding feedback mechanisms and a review of the medication policy to clarify care staff responsibilities, however, minutes did not document how clinical issues are monitored and reviewed.

Regarding antimicrobial stewardship, when interviewed on the minimisation of antibiotic use some staff demonstrated an understanding, however it was explained the service do not have current processes for monitoring infections or using antimicrobials.

Regarding the minimisation of restraint, when interviewed regarding the management of restrictive practises, staff advised the service has not identified any form of restraint in relation to their consumer base. The service’s relevant policy did not provide detail to identify restrictive practises of consumers in home care settings.

Regarding open disclosure, when interviewed staff where unable to demonstrate a clear understanding, however a review of two complaints displayed partial adherence to the principles and apologies to the consumer were noted.

A review of training records identified, and service management confirmed, that training has not been delivered in relation to clinical governance, antimicrobial stewardship, restraint or open disclosure and what it means for them in their role.

In its response to the Assessment Team’s report the approved provider acknowledged there were areas for improvement in relation to this requirement. It was stated these areas had previously been identified and are being addressed.

Although I am satisfied that some aspects of a clinical governance framework are in place and the approved provider has identified the need for improvement, I am not satisfied that an appropriate set of accountabilities and responsibilities were in place at the time of the Quality Audit.

I find this requirement Non-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.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) |  |  |
|  |  |  |

*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.*

* Refine the clinical governance framework to be clearer and to provide sufficient detail to inform staff performance
* Refine clinical governance committee agenda to include the monitoring and trending of clinical indicator data
* Review staff training and support, particularly in the areas of:
  + Antimicrobial stewardship, minimising the use of restraint and open disclosure
* Review and implement policies and procedures, particularly in the areas of:
  + Clinical care and consumer safety, antimicrobial stewardship, minimising the use of restraint, open disclosure