River HealthCare

Performance Report

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**Commission ID:** 700945

**Provider name:** Rescare Podiarists Pty Ltd t/a River Healthcare

**Quality Audit date:** 8 September 2020 to 10 September 2020

**Date of Performance Report:** 15 October 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Not Assessed** |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 on 5 October 2020.

# STANDARD 1 NON-COMPLIANTConsumer 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

Most consumers interviewed by the Assessment Team said they received culturally safe services, their privacy was maintained and their personal information kept confidential. Consumers and representatives said they were supported to exercise choice and independence and to maintain relationships in various ways. However, some consumers advised they were not always treated with dignity or respect.

The service demonstrated that consumers were supported to exercise choice and independence in making or communicating decisions about their care and services.

The service was not able to demonstrate care and services were culturally safe as care planning documents did not support the staff to understand each consumer and their individual choices regarding care and services.

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

The service was not able to demonstrate how consumers were supported to take risks, and that risks were identified and assessed.

The service did not demonstrate how consumer information was kept confidential.

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

## Assessment of Standard 1 Requirements

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

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

The service did not demonstrate each consumer was treated with dignity and respect and their identity, culture and diversity valued*.*

Most consumers described their interactions with staff were positive. However, feedback to the Assessment Team suggested that staff had been rude to consumers on occasion.

The Director advised staff had not received training in relation to dignity and choice.

The Approved Provider’s response referred to the reluctance of staff to provide care and services to a consumer because of a consumer’s behaviour. The Approved Provider referred to the Assessment Team’s observation that most consumers viewed staff conduct positively. The Approved Provider considered that one consumer’s feedback was not an example of a normal baseline consumer. I acknowledge that providing care and services to consumers can be challenging at times. Whilst I acknowledge the Approved Provider’s comments relating to the conduct of staff and the behaviour of a consumer, I do not consider the Approved Provider has addressed the alleged conduct of the staff member to promote a workplace culture that treats each consumer with dignity and respect.

I acknowledge the Approved Provider’s comment that Dignity and Choice training has been provided to staff since the Quality audit. However, the Approved Provider’s response does not list the staff who attended the training and their roles and provides no information on the effectiveness of the training.

For the reasons mentioned above, I find the service Non-Compliant in Requirement 1(3)(a).

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

*Care and services are culturally safe.*

A review of consumer files by the Assessment Team identified consumer preferences in relation to care needs were not consistently assessed or documented.

The Director advised the Assessment Team that the service used a document called ‘Make the Journey’ which considered consumers from a holistic perspective. However, the use of this document commenced in July 2020 and has been completed for two out of 37 consumers.

The Approved Provider’s response indicated that at the time of its written response, the holistic assessment captured in the “Make the Journey’ document had been completed for sixteen percent of the consumers. The response indicated that the assessments would be completed by December 2020. Whilst I acknowledge the service is working towards completing the assessments, I do not consider the Approved Provider has established that the service has assessed all consumers to ensure care is considered culturally safe by the consumers.

For this reason, I find that the service is Non-Compliant in Requirement 1(3)(b).

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

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

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

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

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

The service did not demonstrate to the Assessment Team that systems and processes support consumers to understand and manage risks. While the organisation has a risk management plan which identifies risks to consumers, there was no evidence sighted or provided by the service to show that risk assessments were completed. The Director advised a home risk assessment is conducted when a consumer commences with the service and this is reviewed annually or if a change has been reported. The Assessment Team reviewed files and spoke to consumers about issues that exposed consumers to risk. In the four cases reviewed by the Assessment Team, the service had not undertaken risk assessments or implemented strategies to reduce the possibility of harm due to a risk.

I acknowledge the Approved Provider’s statement that Dignity of Risk training has been provided to staff. The Approved Provider’s response does not list the staff who attended the training and their roles and provides no information on the effectiveness of the training.

I acknowledge also the Approved Provider’s implementation of a Risk Management Policy. I have considered the documents provided in support of the Approved Provider’s response and find that whilst the service has considered risk in terms of risk to the organisation and broader risks to staff and consumers, the policy and risk framework does not deal with risks associated with a consumer’s condition, behaviour or personal choices and is not directed at enabling consumers to take risk and lead the best life they can.

I find the service is Non-Compliant in Requirement 1(3)(d).

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

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

The service did not demonstrate that information for consumers is current, accurate and communicated clearly or in a timely manner.

Care plans reviewed did not contain days or times when services would be provided and did not identify the length of service provision. Some consumers did not have a current care plan or budget. Information contained in some care plans was not consistent with information contained in the budget, and information contained in some care plans did not reflect care and services provided.

The Director advised consumers receive a client handbook on commencement with the service and written information can be sent to consumers with their monthly statement as required. Consumers who live in retirement villages receive information on the service through the retirement village newsletters. However, consumers who live in their own homes did not receive the newsletters.

The Approved Provider’s response indicated a review of all care plans would be completed over the next eight weeks. The Approved Provider did not establish that all consumers were provided with information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice.

I find that the service is Non-Compliant in Requirement 1(3)(e).

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

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

The Director advised the home care manual contained information regarding privacy and confidentiality and privacy and confidentiality is discussed with staff at induction.

The service identified in early 2020 that staff were not saving consumer assessments and paperwork in the electronic consumer management system, and some consumer paper-based assessments were missing. The Director advised 18 of 23 of the baseline assessments have now been located.

I acknowledge the Approved Provider’s advice that the removal of records by a former employee has been referred to police. Whilst I acknowledge that the actions of the former employee may be beyond the control of the Approved Provider, the Approved Provider has not established that the service has implemented systems to ensure personal information of consumers is protected.

The copy of the Home Care Manual submitted by the Approved Provider in its response does not appear to include information for staff on protecting the personal information of consumers. Further, the Home Care Manual does not appear to refer staff to the Charter of Aged Care Rights which lists a consumer’s right to have their personal information protected. I note the Assessment Team’s finding that many staff had not received induction training and may not, therefore, have received instruction on protecting personal information.

I find that the service is Non-Compliant in Requirement 1(3)(f).

# 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 Assessment Team found that that for most consumers, the service had demonstrated assessment and planning was based on an ongoing partnership with consumers and others, including care providers and other organisations. Assessment and planning were initially completed at the commencement of services and as consumers’ needs changed. Assessments and planning were conducted by a River Guide (case manager) or other staff such as registered nurses. Consumers and representatives interviewed were generally satisfied with their limited involvement in assessment and planning.

The service demonstrated that the outcomes of assessment and planning were communicated to consumers. Care plans and clinical records were stored in a computerised health care program and copies of consumers’ care plans were filed in a folder kept at each consumer’s home. Care staff accessed consumers’ care plans electronically via a mobile phone application.

Consumers and representatives interviewed said they were aware of the location of their care plan and referred to the Home Care folder. They said that if required, they discussed care-related matters with a River Guide, Care Coordinator or the Director.

However, the Assessment Team found that assessment and planning at the service did not inform the delivery of safe and effective care and services. Assessments, including risk assessments, did not inform care plans. Assessments were not conducted prior to the home care package funds being used for the purchase of equipment. Requests for care and services from consumers or representatives did not prompt assessments and a review of care delivery.

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

## Assessment of Standard 2 Requirements

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

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

#### The service was unable to demonstrate how assessment and planning included considerations of risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

The Assessment Team reviewed several consumer files and found care plans were not based on comprehensive assessments conducted by the service provider. Whilst River Guides complete baseline assessments and care plans, complex care needs were not consistently assessed by appropriately qualified staff. Assessments, including risk assessments, did not inform care plans. The files for one consumer provided no information to guide staff in the provision of clinical care for a specific care need.

Assessments were not conducted prior to the expenditure of home care package funds for the purchase of equipment. The files for several consumers did not evidence assessments on the suitability of equipment purchased by consumers from their care package, such as a mobility aids and exercise equipment. Nor was there evidence of referrals to appropriate health professionals to conduct assessments.

Feedback from consumers and consumer representatives described limited involvement in assessments and care planning.

At the time of the Quality audit, Care Co-ordinators had completed an audit of consumers’ care documentation which revealed that clinical assessments had not been completed for twelve consumers and limited assessments had been completed for another three consumers.

The Approved Provider has advised that the organisation has committed to completing a thorough re-assessment of all consumers by December 2020.

Whilst I acknowledge the Approved Provider’s commitment, I am aware from the Assessment Team’s findings that comprehensive assessments were not available to inform the delivery of safe and effective care and services. For this reason, I find the service is Non-compliant in Requirement 2(3)(a).

### Requirement 2(3)(b) Non-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.*

#### The service was unable to demonstrate that assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care planning and end of life planning.

Consumers’ care plans did not include assessments or evidence advance care planning or end of life planning. An audit of care plans conducted by the service’s Care Co-ordinators showed four out of 37 consumers had an advance health directive.

Care staff said that care plans did not contain information on advance care plans or end of life planning. Staff have not been provided with training in advance care or end of life planning. The service’s Home Care manual did not refer to end of life care or advance care planning. Consumers and consumer representatives interviewed said discussions about advance care planning and end of life had not occurred.

Management stated the service was working on assessing consumers’ needs in relation to end of life planning. The service’s plan for continuous improvement refers to the inclusion of advance care planning questions in assessments and supporting consumers to access palliative care support.

The Approved Provider’s response referred to a palliative care policy that was adopted by the service and to training on advance care planning that will be provided in late October 2020.

Whilst I acknowledge the Approved Provider’s introduction of a palliative care policy and commitment to provide relevant training, I am aware from the Assessment Team’s findings that assessments and advance care planning or end of life planning had not been undertaken at the service for all consumers who may have wished for such planning. I find the service is Non-compliant in Requirement 2(3)(b).

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

*The organisation demonstrates that assessment and planning:*

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

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

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

The service was unable to demonstrate that care and services were reviewed regularly for effectiveness or when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

Managers at the service said care plans were reviewed at least annually or when needs changed or following an incident or when a consumer returned from hospital. However, a review of records by the Assessment Team identified that reviews had not been conducted for five consumers, incidents were not consistently recorded and were not considered in reviews of a consumer’s care and services.

The Approved Provider stated in its response that the organisation has provided training to staff on the identification and escalation of changes and has introduced an escalations framework to assist staff in understanding escalation requirements and pathways.

I acknowledge the Approved Provider’s actions stated above. However, I find that the actions do not address the Assessment Team’s observations that reviews of care plans had not been undertaken at appropriate times.

For this reason, I find the service is Non-Compliant in Requirement 2(3)(e).

# 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

Documentation reviewed by the Assessment Team established that a consumer’s needs and goals in relation to end of life care were recognised and addressed. Their palliative care needs were met by a hospital palliative care team.

The service was generally able to demonstrate that a deterioration or change in consumers’ mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Management and staff provided examples of how a change in a consumer’s health was recognised and responded to. Consumers interviewed were generally satisfied that changes in their health were recognised and responded to in a timely manner.

The service demonstrated that referrals to health professionals, other organisations and alternative providers of care and services were timely and appropriate. Referrals were monitored using a calendar and the service’s computerised care system. Files reviewed by the Assessment Team relating to two consumers established that referrals were made appropriately.

However, not all consumers received the clinical care that was safe and right for them. The service was unable to demonstrate that high impact risks associated with care of each consumer were effectively managed, that information about consumers’ conditions, needs and preferences were documented and communicated within the organisation and with others, and infection-related risks were minimised. The service did not have policies, procedures and practices that promoted appropriate antibiotic prescribing.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found that the service was unable to demonstrate that each consumer received safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumer documentation indicated that care and services were not always tailored to the clinical needs of consumers and did not provide instruction to staff on the clinical care needed by some consumers.

The Approved Provider’s response acknowledges that care plans need to be improved and states that resources have been committed to a thorough assessment of every consumer that will be completed by December 2020.

I acknowledge the Approved Provider’s response.

For the reasons summarised in the Assessment Team’s observations, I find the service is Non-Compliant in Requirement 3(3)(a).

### Requirement 3(3)(b) Non-compliant

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

The service was unable to demonstrate the effective management of high impact risks associated with care of consumers. The service’s Home Care Manual does not refer to the management of risks. Assessments of risks associated with the clinical condition of consumers were not undertaken by registered staff.

The Approved Provider’s response states that the Assessment Team relied on the service’s Home Care Manual in finding that the service did not meet this Requirement and that the service uses its Service Management Policy to manage risks.

I acknowledge that the information in the Quality audit report relating to the service using the Home Care Manual. In considering this requirement, I have referred to the information relating to consumer documentation in the Quality audit report under Requirement 3(3)(a) which is also relevant to considering Requirement 3(3)(b). The findings did not establish that the service’s documentation provided information to staff so that a consumer’s risk of falls, risks associated with a consumer’s supra pubic catheter care and risks associated with a consumer’s continuous oxygen therapy were managed. This information is relevant to considerations about whether the service meets Requirement 3(3)(b).

I consider that the lack of instruction in consumer documentation relating to the clinical care of consumers with clinical care needs demonstrates that the service has not managed the clinical risks associated with the provision of clinical care to those consumers.

For this reason, I find the service is Non-Compliant in Requirement 3(3)(b).

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

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

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

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

### Requirement 3(3)(e) 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 service was not able to demonstrate that information about consumers’ conditions, needs and preferences was documented and communicated within the organisation and with others.

The service used a computerised health care program to manage the majority of consumers’ assessments, care plans and other care information. Some care records, such as wound treatment sheets and medication charts were held in hardcopy at the consumer’s home. Consumers’ conditions, needs and preferences were identified through baseline health assessments that also identified the consumer’s medical issues, allergies, care needs and their likes, dislikes and preferences. However, information about each consumer’s conditions, needs and preferences was incomplete and a high proportion of baseline assessments had not been completed. Management said only staff can access the service’s computerised management systems. Allied health professionals and care staff from external organisations were unable to access the system.

The Approved Provider’s response acknowledges that care documentation needs to be improved and states that resources have been committed to a thorough assessment of every consumer that will be completed by December 2020.

I acknowledge the Approved Provider’s response. The Approved Provider’s response does not address the concerns raised relating to access to consumer documentation by visiting health professionals.

For the reasons summarised in the Assessment Team’s observations, I find the service is Non-Compliant in Requirement 3(3)(e).

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

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

### Requirement 3(3)(g) Non-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.*

The service was not able to demonstrate it minimised infection-related risks through standard and transmission-based precautions and it does not have policies, procedures and practices that promote appropriate antibiotic prescribing.

The service’s management said staff were advised about infection control through the Care Team Manual. The manual referred staff to the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). Management said they planned to “Promote an antimicrobial culture within the care team and clients through education and information”. The target action date for this is November/December 2020. This action is listed on the service’s Plan for continuous improvement.

In relation to COVID-19, management said staff were provided with personal protective equipment and COVID-19 training. However, no evidence was provided of this training. Staff had not completed infection control training.

The Approved Provider’s response indicated that staff had been provided with education and training in infection control and an antimicrobial policy. COVID-19 information and awareness has been provided to staff and consumers and their representatives.

I acknowledge the Approved Provider’s comment that training has been provided to staff. However, the Approved Provider’s response does not list the staff who attended the training and their roles and provides no information on the effectiveness of the training.

I find the service is Non-Compliant in Requirement 3(3)(g).

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and their representatives interviewed by the Assessment Team said the service supported their chosen lifestyles and enabled them to access the community to conduct social and personal relationships with people who were important to them.

Consumer intake forms included information on likes and dislikes, life history and what was important to the consumer. The organisation’s Customer Service Delivery Model identified consumers’ preferred services and collated information on consumers’ emotional, spiritual and psychological well-being. The organisation’s computerised care management system displayed consumers’ preferences and the scheduled visits and types of services to be delivered.

Care staff said they knew each consumer’s needs and preferences by accessing the consumer’s Care Plan. Care documentation identified individualised needs and preferences for services and supports for daily living. Care staff were able to demonstrate the process they followed if they had concerns about a consumer’s emotional, spiritual and psychological well-being. Staff were able to describe how they supported consumers to continue participating in community activities. Staff said consumers were provided with taxi vouchers to enable them to independently attend activities or appointments.

The service demonstrated that information about consumers’ daily living needs and preferences was communicated within the organisation and between the organisation and external providers. Consumers and their representatives said they were informed and consulted about referrals or other organisations involved in their care and services.

Care co-ordinators and management described how they referred consumers to other providers or organisations in consultation with the consumer, these included senior citizens clubs, local churches, multicultural organisations, lawn mowing and gardening services.

The service demonstrated that where equipment was provided, it was safe, suitable, clean and well maintained. Management advised the service does not provide equipment but would assist consumers to purchase suitable equipment if required. Care co-ordinators advised the Home risk assessment form incudes checking that equipment is safe for use in consumers’ homes. Care staff interviewed were able to describe the process of reporting any hazards or concerns with equipment. Care plans include directives to staff regarding the cleaning of consumers’ equipment.

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.*

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 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

Consumers and consumer representatives interviewed were aware of how to provide feedback or make a complaint. Information about how to make a complaint or provide feedback was provided in a range of documents and explained verbally. Access to advocates and language services was discussed with consumers verbally and included in documents such as the Client handbook.

However, appropriate action was not taken in response to complaints. The organisation’s management was unable to provide evidence of the existence of or use of an open disclosure process. Feedback and complaints were not reviewed and used to improve the quality of care and services.

The Quality Standard is assessed as Non-compliant as two 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.*

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

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

### Requirement 6(3)(c) Non-compliant

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

The service was unable to demonstrate that appropriate action was taken in response to complaints and an open disclosure process was used.

Managers of the service said the service had a complaints management process that involved recording a complaint or issue as an incident in the service’s electronic care program. Each complaint was tabled and discussed at weekly meetings. Cases of significance were written up as a case study to be included in the service’s education program. However, no evidence was provided by the service to demonstrate complaints were actioned according to the service’s procedures. Evidence was not provided of the adoption of an open disclosure process in complaints management.

Contrary to the information provided by the organisation’s management, complaints or issues were recorded on a complaint register. No complaints were recorded in the electronic system. The register did not appear to include all complaints that were recorded in care notes. Nor did the register record complaints about the service made to the Aged Care Quality and Safety Commission.

The Approved Provider’s response detailed progress notes relating to the responses by staff to specific concerns raised by consumers. The response also indicated that open disclosure training had been provided to staff.

The response does not evidence an open disclosure process in practice. Whilst the response does suggest that consumers’ concerns have been responded to in progress notes, the response does not establish that the service has captured all complaints made about the service and that the complaints are actioned or, where appropriate, an apology has been made.

I find the service is Non-Compliant in Requirement 6(3)(c).

### Requirement 6(3)(d) Non-compliant

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

The service was unable to demonstrate how feedback and complaints were reviewed and used to improve the quality of care and services.

While feedback from consumers and consumer representatives interviewed about the quality of care and services was generally positive, there were no examples provided by the service about how feedback and complaints were reviewed and used to improve the quality of care and services.

All complaints logged on the register were marked as ‘closed’. There were no records provided that demonstrated there had been a review of the complaints process and considerations for improvement of the service.

The Board meeting minutes for May 2020 identify one consumer complained about a charge on the purchase of equipment. No further information was documented as to what actions were taken because of this complaint, and it was not included on the complaints register.

The Approved Provider’s response referred to two examples of improvements arising out of feedback from consumers. Feedback had been added as a standing agenda item for the Clinical Governance Committee. Training on Complaints Management will be provided to staff in November 2020.

I do not consider that the Approved Provider has established that the service has a systemic approach to incorporating complaints and feedback in a continuous improvement framework and consistently reviews complaints and feedback for opportunities to improve the quality of care and services.

For the reasons stated above, I find that the service is Non-Compliant in Requirement 6(3)(d).

# STANDARD 7 NON-COMPLIANTHuman 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 found that care staff had not on occasion been available to deliver scheduled services that met consumers’ needs.

Most consumers interviewed indicated that they received safe care and services when they needed them. Most consumers reported staff were kind, caring and respected their culture, identity and diversity.

The service did not have systems in place to monitor staff behaviour.

Staff were not consistently receiving induction or orientation on commencement with the service, and the service did not have a process to regularly assess and monitor staff performance.

Staff did not receive mandatory or ongoing training to enable them to deliver the outcomes required by these Standards.

The service did not have effective systems to monitor and maintain staff competency information and the currency of required qualifications.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

The Assessment Team found that the service was unable to demonstrate the workforce was planned to ensure delivery of care was safe and met consumer needs. A review of care plans and other care documentation demonstrated that clinical and care staff had not on occasion been available to deliver scheduled services that met consumers’ needs. Services and care had not been provided as scheduled, including wound care, and care had not been provided in accordance with the consumers’ preferences.

One staff member advised while most shifts were filled, a sudden change to a consumer’s care needs could result in difficulty covering shifts, particularly on weekends.

The Director advised they were not aware of how many shifts had not been filled and relied on consumers contacting them to let them know staff had not arrived. Consumers were offered a different service time if staff were unable to fill a shift, and if the consumer declined, the service did record this as an unfilled shift.

The Approved Provider indicated in their response that two care coordinators, three care staff and a human resource manager had been recruited. Consumer preferences for the gender of care staff had been ascertained and placed in care plans. Induction, orientation and a competency assessment framework had been overhauled and the processes would be completed by 21 December 2020.

Whilst I acknowledge the Approved Provider’s actions summarised above, I find that the Approved Provider has not established that the workforce at the service is enabled to deliver and manage safe and quality care and services. For this reason, I find that the service is Non-Compliant in Requirement 7(3)(a).

### Requirement 7(3)(b) Non-compliant

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

#### The service was not able to demonstrate workforce interactions with consumers were kind and consumers identity, culture and diversity was respected.

Most consumers described their interactions with staff were positive. However, the Director was not able to describe how the service determined if staff were kind, caring and respected consumers’ identity, culture and diversity. Staff had not undertaken cultural diversity training.

The Approved Provider’s response referred to the challenging behaviours of one consumer and stated that a full explanation of the circumstances did not evidence that staff were not kind, caring and respectful. The Approved Provider will provide cultural diversity training and include questions in an annual survey to enable the service to determine that staff are kind, caring and respectful.

I acknowledge the Approved Provider’s response and the intent to provide training to staff and the additional questions in the Annual Survey. As discussed in relation to Requirement 1(3)(a), I do not consider the Approved Provider has considered the requirement for the workforce to be kind and respectful. I find that the service is Non-Compliant in Requirement 7(3)(b).

### Requirement 7(3)(c) Non-compliant

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

The service was not able to demonstrate the workforce was competent and the members of the workforce had the qualifications and knowledge to effectively perform their roles.

A review of allied health staff professional registrations showed six of seventeen staff or contractors did not have any registration details listed.

Records indicated care staff were working outside their levels of competency by administering eye drops, applying cream for pain relief, giving simple pain relief medication and applying an unidentified spray to a consumer’s toes.

The Director advised the service did not have systems or processes to monitor staff competency, including the use of hoists, medication management, catheter care and infection control such as handwashing. They were not aware if staff were competent at their jobs and did not provide any information on how the service would ensure staff were competent or how staff competency would be monitored in the future.

The Director was aware that current professional registrations had not been recorded and advised it was the role of the new Human Resource staff member to seek professional registration information from staff and contractors.

The Approved Provider indicated in its response that a human resource and training manager had been recruited to ensure staff training and competencies were up to date. Induction, orientation and a competency assessment framework had been overhauled and the processes will be completed by December 2020.

Whilst I acknowledge the Approved Provider’s actions summarised above, I find that the Approved Provider has not established that the workforce at the service has the qualifications and knowledge to effectively perform their roles. I find that the service is Non-Compliant in Requirement 7(3)(c).

### Requirement 7(3)(d) Non-compliant

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

The service was not able to demonstrate the workforce was recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Consumer feedback to the Assessment Team indicated that staff had not been trained in the use of a hoist which a consumer required. Two care staff members advised they did not receive an induction and orientation on commencement with the service. They said they had not received any training and were not aware of a training calendar or schedule for future training.

Care Co-ordinators advised the service did not have a training plan. The Director advised there was a training plan but it was not being used.

Board meeting minutes dated May 2020 identified medication competency assessments had been raised as an issue at the February 2020 Board meeting and had not commenced.

The Director advised they had been aware since early 2020 that orientation and induction of new staff was not consistently occurring. Manual handling and medication management were mandatory training for all staff. However, they were not aware of whether staff had completed this training. Staff have not been provided with any education or training on the Aged Care Quality Standards. Staff were emailed links to online information in March/April 2020 about COVID 19. However, the Director did not know if staff had read this information and no infection control training, including handwashing, was provided.

The Approved Provider indicated in its response that induction, orientation and a competency assessment framework had been overhauled and the processes would be completed by 21 December 2020. The Approved Provider stated also that infection control and COVID-19 updates had been provided and completed by 2 October 2020.

Whilst I acknowledge the Approved Provider’s actions summarised above, I find that the Approved Provider has not established that the workforce at the service has the qualifications and knowledge to effectively perform their roles. I find that the service is Non-Compliant in Requirement 7(3)(d).

### Requirement 7(3)(e) Non-compliant

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

The service did not demonstrate that it regularly assessed, monitored and reviewed the performance of each staff member. No documentation was provided or sighted to demonstrate staff performance was regularly assessed and monitored. The Director was not able to describe any systems or processes the services had to regularly assess, monitor or review the performance of each member of the workforce.

The Approved Provider advised the service conducts informal and formal staff reviews and new staff are inducted and receive a six-week orientation with constant monitoring and review and monthly education sessions.

The Approved Provider has reviewed its performance assessment processes and has implemented quarterly ‘check ins’ for all staff, annual performance assessment, and Case Managers will conduct informal visits whilst staff are providing care and services to provide education and training and feedback on performance.

I acknowledge the Approved Provider’s response and the claim that staff receive induction and orientation. However, I place weight on the comments of staff and others interviewed by the Assessment Team and consider that the service has not established that all staff have been inducted and received an orientation program at the service. I note the Approved Provider’s comments regarding an overhauled performance assessment process. On balance, I find the service is Non-compliant in Requirement 7(3)(e).

# 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

While consumers were satisfied with the care and services provided, consumers were not aware how they were engaged to partner in improving the delivery of care and services. The organisation did not seek feedback from consumers and did not involve them in the development, delivery and evaluation of care and services.

The organisation does not have systems and processes to monitor its service provision to ensure it delivers safe, inclusive and quality care and services. The organisation was not able to demonstrate it had effective organisation-wide governance systems. The organisation was not able to demonstrate it had effective risk management systems and practices. The organisation was not able to demonstrate it had effective clinical governance systems to ensure consumers get safe and effective clinical care.

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

## Assessment of Standard 8 Requirements

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

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

The organisation was not able to demonstrate that consumers were engaged in the development, delivery and evaluation of care and services. Consumers interviewed were unable to describe how they were involved in the development, delivery and evaluation of care and services within the organisation and advised the organisation does not seek feedback or input from the consumers.

While the Director attended consumer meetings at the retirement villages where some of the consumers live, they advised approximately half of their consumers live in their own homes and do not have input into these meetings.

The Director advised they did not seek input from consumers and there were no mechanisms for consumers to be involved in the development, delivery and evaluation of care and services.

The Approved Provider’s response stated that feedback was received from consumers through informal mechanisms and this feedback had assisted in improving services. The organisation performed an annual consumer survey and a survey is scheduled for November 2020. A full review of care plans was underway to assess consumer satisfaction with care provided by the service.

Whilst I acknowledge the Approved Provider’s statement that informal mechanisms for feedback have informed some service improvements, I place weight on the feedback provided to the Assessment Team from consumers that indicated they were not engaged, or did not feel engaged, in the development, delivery and evaluation of care and services. For this reason, I find the service is Non-compliant with this requirement.

### 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 organisation was not able to demonstrate it promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery.

The Director was not able to provide information on how service provision was monitored to ensure it delivered safe, inclusive and quality care and services. The Director was not able to provide examples of any changes made in the past six months as a result of consumer feedback. They advised feedback from consumers and staff was not actively sought. The Director advised consumers have not been provided with information about the Aged Care Quality Standards or how these relate to home care packages. The Director advised staff have not been provided with information, education or training on the Aged Care Quality Standards.

The Approved Provider stated that staff and consumers will be provided with education on the Quality Standards in October 2020 and River Guides will work with consumers to enable a better understanding of how the Standards improve the quality of the service.

I do not consider the Approved Provider’s response addresses the role that the organisation’s governing body has in promoting a culture of safe, inclusive and quality care and services and its accountability for their delivery. I find the service is Non-Compliant in this requirement.

### 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 organisation was not able to demonstrate it had effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance and regulatory compliance.

The Assessment Team found the organisation had an internal electronic database containing policies, procedures and manuals to guide staff practice and maintained a cloud-based computerised health care program which staff access securely via their mobile telephones. The manuals did not relate specifically to the organisation and contained out-of-date information.

The organisation identified staff were not saving consumer assessments and paperwork in the electronic consumer management system, and some consumer assessments were missing. The organisation identified in early 2020 that external care staff were not recording consumer progress notes in the organisation’s electronic consumer management system. Rather, the information was recorded in the external service provider’s electronic information management system which was not accessible by River Healthcare staff.

The Director advised the organisation did not actively seek feedback from all consumers or staff, and any feedback provided was not included in the service’s Plan for Continuous Improvement. The Director advised there were known ‘gaps’ relating to staff induction and training, staff compliance information, staff documentation issues and issues with clinical care. These gaps had not been included on the Plan for Continuous Improvement.

The organisation has recently completed a staff file audit and consumer file audit. Information on required actions had not been included on the Plan for Continuous Improvement and there is no action plan to address issues.

The Board received financial information each month as part of a Director’s report. The organisation uses an independent accountant to manage the finances and to conduct an annual financial audit.

The service did not have systems to ensure all staff, contractors and Board members had a current police certificate or professional registration.

Information contained in consumer budgets was not current and did not reflect care and services identified in the consumer’s care plan. Budgets were not updated when a consumer’s care and services changed. Monthly statements did not provide an itemised list of care and services provided and did not consistently reflect all expenses. Package funds had been used to purchase excluded items.

A review of Board meeting minutes from May 2020 identified that consumers’ concerns had been raised with the Board. There was no information to indicate what action had been taken as a result of the issues being raised with the Board.

The Approved Provider’s response stated that the organisation had reviewed its information management systems, policies and procedures and had implemented a ‘Client File Audit’ to ensure all consumer documentation was completed and stored appropriately.

The service has developed a Care Team Compliance Checklist to ensure all checks and registrations are recorded and up-to-date.

The organisation has reviewed its induction and orientation program and overhauled its training and development program.

Workforce compliance has been added as an agenda item to Board meetings.

Regulatory compliance has been added to the Plan for Continuous Improvement. The organisation has updated its risk management plan, established a clinical governance framework and legislative review updates will be provided at staff meetings.

The Approved Provider has conducted a review of its monthly statements and states the statements meet regulatory requirements. Staff have been provided with training on data entry for services rendered and training on double checking statements.

The Approved Provider states that fees and charges have been applied in accordance with relevant legislation.

The Approved Provider has not addressed the Assessment Team’s findings that equipment was purchased without appropriate assessments by a relevant health professional. I am also concerned that the Approved Provider has not addressed the Assessment Team’s findings regarding the purchase of equipment that is excluded under the Home Care Packages Program.

I acknowledge the Approved Providers actions to provide training to address components of this requirement. However, I do not consider the training addresses the responsibilities of the governing body to implement governance systems within the organisation. I find the service is Non-Compliant in Requirement 8(3)(c).

### Requirement 8(3)(d) Non-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.*

The organisation was not able to demonstrate it had effective risk management systems and practices.

The organisation has a risk management plan which identified risks to consumers including personal safety at home, money handling, and wound care. However, no evidence was provided to establish that risk assessments had been completed for consumers or strategies to minimise the risks had been implemented.

While there is information in the care team manual regarding abuse, it referred to abuse in a residential aged care setting and was not relevant to home care services. The Director advised staff had not received any training in elder abuse or neglect, dignity of risk and consumer choice.

The Approved Provider stated that the organisation has reviewed its risk management framework which now includes a new client risk control register, a new dignity of risk assessment and management process and training for all staff on risk management.

The Approved Provider has not addressed the Assessment Team’s findings in relation to managing high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. I find the service is Non-Compliant in this requirement.

### Requirement 8(3)(e) Non-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.*

The Assessment Team found that the organisation was not able to demonstrate that clinical governance policies and procedures support the provision of clinical care. The organisation did not collect any information on clinical issues or incidents. Whilst information has been included in the care team manual regarding antimicrobial stewardship, no information has been provided to staff or consumers on this. No training or education on infection control or handwashing was provided to staff to minimise the risk of COVID-19. The Director stated staff were emailed some information although they were not aware if staff had read the information. The organisation had no policies or procedures to guide staff practice on minimising the use of restraint. Some information regarding open disclosure has been included in the home care manual. However, the information on Open Disclosure was not sighted by the Assessment Team after a review of the manual.

The Approved Provider stated that the organisation has a clinical governance framework, is developing an antimicrobial policy, is providing training to staff on Covid-19 and infection control. The service has no consumers with restraints and staff are aware that if restraints are requested they are to report the request to management.

The service did not have a clinical governance framework that satisfied the requirements of this Standard at the time of the Quality audit. I find the service Non-compliant in Requirement 8(3)(e).

# Areas for improvement

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

* Requirement 1(3)(a) – Ensure that the service treats consumer with dignity and respect, with their identity, culture and diversity valued.
* Requirement 1(3)(b) – Ensure that the service provides care and services that are culturally safe.
* Requirement 1(3)(d) – Ensure that the service supports each consumer to take risks and to enable them to live the best life they can.
* Requirement 1(3)(e) – Ensure that the service provides information to each consumer that 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) – Ensure that the service respects each consumer’s privacy respected and their personal information is kept confidential.
* Requirement 2(3)(a) – Ensure that the service undertakes assessment and planning for each consumer that includes a consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Requirement 2(3)(b) – Ensure that the service undertakes assessment and planning that identifies and addresses the consumer’s current needs, goals and preferences, and includes advance care planning and end of life planning if the consumer wishes.
* Requirement 2(3)(e) – Ensure that the service reviews care and services regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer*.*
* Requirement 3(3)(a) – Ensure that the serviceprovides each consumer with safe and effective personal care, clinical care, or both personal care and clinical care, that is *best practice; is tailored to their needs; and optimises their health and well-being.*
* Requirement 3(3)(b) – Ensure that the service effectively manages high impact or high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(e) – Ensure that the service documents and communicates information about the consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared.
* Requirement 3(3)(g) – Ensure that the serviceminimises infection related risks through implementing standard and transmission-based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* Requirement 6(3)(c) – Ensure that the service takes appropriate action in response to complaints and an open disclosure process is used when things go wrong.
* Requirement 6(3)(d) – Ensure that the service feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a) – Ensure that the service plans its workforce 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) – Ensure that the service’s workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Requirement 7(3)(c) – Ensure that the service’s workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Requirement 7(3)(d) – Ensure that the service’s workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Requirement 7(3)(e) – Ensure that the service undertakes regular assessment, monitoring and review of the performance of each member of its workforce.
* Requirement 8(3)(a) – Ensure that the service engages consumers in the development, delivery and evaluation of care and services and are supported in that engagement.
* Requirement 8(3)(b) – Ensure that 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) – Ensure that the service has effective organisation-wide governance systems relating to the following information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.
* Requirement 8(3)(d) – Ensure that the service has effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can.
* Requirement 8(3)(e) – Ensure where clinical care is provided the service has a clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint, and open disclosure.