**Performance**

**Report**

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| Name: | ACI Home Services |
| Commission ID: | 201497 |
| Address: | 40 Cumberland Street, CABRAMATTA, New South Wales, 2166 |
| Activity type: | Quality Audit |
| Activity date: | 24 July 2024 to 25 July 2024 |
| Performance report date: | 29 August 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 10075 Aged Care Inclusion Pty Ltd  
Service: 28295 ACI Home Care

**This performance report**

This performance report for ACI Home Services (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for 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, and
* the provider’s response to the assessment team’s report received 9 August 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers advised that the service treats them with dignity and respect and values their identity, culture and diversity. Staff and management highlighted the services culture and operating model which supports diversity and respects individual identity and culture. The service demonstrated no complaints or incidents related to disrespect at the service, and consumer care plans contained information which clearly highlighted individual consumer cultural diversity, linguistic preferences and personal identity where necessary.

Consumers advised they are satisfied that the care and services offered are culturally safe, and consumers who identified as having culturally diverse needs confirmed that care workers understood their needs and that the services provided to them respected their cultural needs. The service demonstrated that the cultural needs of consumers are known to staff and management, and where necessary, services are routinely adapted to take into account of different cultural needs.

Consumers advised that the service supports them to exercise choice and independence in relation to delivery of their care and services, and the service supports them to have family and friends they want involved in their care. Consumers advised that the service consistently ensures that their decisions are effectively communicated and that the service supports them to maintain and develop relationships they choose. The service demonstrated that care workers are trained to ensure consumer choice and independence is maintained and the Assessment Team observed relevant polices that guide staff to ensure that consumer choice and independence is maintained during service provision.

Consumers advised that the service appropriately supports them to engage risk if they wanted to, highlighting that the service provides focus on their best interests and consistently discusses risky behaviours with them. Staff and management demonstrated that the service supports consumers to engage in risk and management described the service’s proactive approach to supporting consumers to take risk, including ensuring that care workers routinely highlight potential risky behaviours they observe. The service demonstrated that behaviours considered risky are discussed with consumers and relevant strategies are implemented in an effort to reduce or mitigate the risk to the consumer. The service administers relevant policies and procedures to guide staff when managing personal choice and risk-taking behaviours with consumers.

Consumers advised that the service delivers information that is current, accurate and timely and highlighted that this information supports them to plan their care and services. The service provides a monthly newsletter to consumers which they advised was very useful and helped them feel included at the service. Staff demonstrated that information provided to each consumer is accurate and delivered timely to ensure consumers have the opportunity to understand the content and to exercise their choice. The Assessment Team reported, however, that some of the information delivered to consumers is only available in English and that this did have an impact on some consumers. In their response to the Quality Audit Report, the Provider supplied a copy of their plan for continuous improvement as well as evidence to demonstrate that relevant consumer documents have been translated to best support consumers at the service. The Provider has contacted all consumers to ensure the service has their language preferences documented on their client management system, and included questions on the service consumer assessment form to ensure that the service is comprehensively identifying appropriate and preferred methods of communication and translation requirements. The Provider supplied evidence that relevant documents have been translated, including the services Home Care Agreement, their Pricing Schedule, Do you have a Concern or Complaint about an Aged Care Service handout, and Care Recipient Guidance - Understanding Your Home Care Package Statement. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service communicates in a way that is clear and easy to understand and enables consumers to exercise choice. Therefore, I find the service compliant in Requirement 1(3)(e).

Consumers advised that the service consistently respects their personal privacy and that they are able to speak freely to care workers knowing that their private information would not be repeated. Staff highlighted the service’s strong culture of privacy and respect for personal information and demonstrated knowledge of relevant processes and systems to ensure personal data is routinely protected. The service administers relevant policies and procedures governing privacy and respect for consumer information.

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives advised that the assessment, care planning and services they receive are safe and effective. Management demonstrated appropriate and effective assessment, care planning and review processes including undertaking risk assessments and documentation that utilises relevant validated tools. Care workers advised that the information gathered is sufficient to support delivery of safe care and services.

Consumers and representatives advised that they receive care and services that meet their needs, goals and preferences. Consumers and representatives advised that the service has discussed advanced care planning (ACP) with them, and management demonstrated that relevant conversations occur as part of the admissions process and at consumer care plan reviews as a minimum. The service administers relevant policies and procedures related to assessment and planning including ACP and end of life (EOL) care to best guide staff, management and consumers.

Consumers and representatives advised that they routinely participate in planning and review of care and services and management demonstrated that the service effectively works in partnership with other organisations, individuals and service providers to deliver effective assessment and care planning for each consumer. This approach is also evident to support changes in the needs and preferences of consumers.

Consumers and representatives advised of their satisfaction in relation to the information they receive about their care and services. Consumers advised that the service routinely offers them a copy of their care plan. Staff highlighted that they are informed of any changes to consumer care and service needs in a timely manner through the mobile application and alerts. The service demonstrated that consumer care planning information is readily available on the electronic care management system (ECMS) and updated with any changes to individual consumer care needs. Care workers (CWs) advised if they had any concerns with service delivery or changes in a consumer’s condition or circumstances, they contact the care manager (CM) or operations manager (OM).

Consumers and representatives advised that their care and services are regularly reviewed to ensure they meet individual consumer needs, goals and preferences. This is generally completed via communication with their care manager. Consumers and representatives advised that the service is responsive to their needs and routinely undertake review of their care and services if their circumstances have changed, or an incident has occurred. Care workers demonstrated appropriate knowledge of incident reporting processes and how these incidents may trigger a reassessment or review. The service demonstrated that consumer care plans are reviewed 6 monthly or when the needs of the consumer changes.

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives provided positive feedback about the care delivered by the service. Staff demonstrated appropriate knowledge of consumers’ needs, goals and preferences and described how the service ensures care is best practice and tailored to individual consumer needs. Consumer care plans accurately describe individualised consumer personal and clinical care needs, goals and preferences in detail to guide staff in delivering effective care and services. Management demonstrated their focus to ensure consumers receive individualised personal and clinical care that is best practice, tailored to consumer needs and optimises their health and wellbeing. The service administers relevant policies and assessment tools to guide staff practice in delivering best practice personal and clinical care.

The service demonstrated that risk assessments are undertaken for high prevalence or high impact risks to minimise their occurrence and staff demonstrated knowledge of what risks apply to individual consumers and what strategies are implemented to manage those risks. Care workers highlighted that they routinely refer to consumers’ care and service plans or contact the care manager if they require support to manage consumer risks or contact clinical staff if they require information to manage high prevalence risks.

Consumers and representatives discuss their advance care planning and end of life wishes upon entry to the service. Advance care directives are also discussed upon review of consumer care plans and when a consumers circumstances change. The service demonstrated established professional relationships with other service providers including palliative care teams to support consumer needs and end of life wishes. Consumer documentation supplied evidence that palliative care processes are available for consumers and that they are individualised and person centred when they enter a palliative or end of life care trajectory.

Consumers and representatives advised that staff know them well and advised that staff would recognise deterioration in a consumer’s health or wellbeing. Management provides focus on delivering consistent staff scheduling therefore supporting staff to identify deterioration or changes in a consumer condition. Consumer care documentation highlighted that the service responds in a timely manner when deterioration in a consumer’s well-being is identified and the service administers relevant procedures to guide staff in managing deterioration.

Consumers and representatives advised that staff provide consistent care and services and highlighted that they are satisfied with the quality of care and services provided. Care workers advised they have suitable access to information about individual consumer care and service delivery via the service’s electronic care management system (ECMS), mobile phone application and documentation in folders in each consumer’s home. Consumer documentation demonstrated that consumer care and service plans provide adequate information to support delivery of safe and effective care and services, and management advised that subcontracted staff have relevant access to the service’s ECMS related to the consumers for which they provide care and services.

Consumers and representatives advised that the delivery of care, including any referrals they require, is timely and appropriate. Consumers highlighted that they have access to other health professionals when they need it and consumer care documentation demonstrated involvement from other health professionals, including medical officers and occupational therapists. Consumer documentation demonstrated that allied health recommendations are incorporated into consumer care and service delivery. Management demonstrated that consumer’s medical officers are involved in any consumer referral process. The service administers relevant policies and procedures to guide staff practice in relation to referral processes.

Consumers and representatives advised that staff routinely observe standard infection control protocols, including handwashing and use of personal protective equipment (PPE) when entering their homes. Whilst staff do not administer antibiotics, staff demonstrated how they would maintain appropriate infection control principles when overseeing antimicrobial medications. The service demonstrated that staff are trained in infection control practices, and the service administers relevant policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised they are satisfied with the services and supports for daily living and reinforced that the service values their preferences and optimises their wellbeing and quality of life. The service’s assessment process clearly identifies individual consumer goals and preferences and their chosen services are documented in their care plans. Consumers and representatives provided positive feedback regarding staff helping them to do the things they want to do through in-home or community based social support services. The service administers relevant policies to guide management and staff in optimising consumer independence, health, well-being and quality of life.

Consumers and representatives advised that they are satisfied with the supports they receive from the service and that the service ensures their emotional, spiritual, and psychological well-being is routinely promoted. The service demonstrated appropriate policies to guide staff and management practices and the Assessment Team reported that consumer assessment processes adequately identify consumer goals and preferences in relation to their emotional and spiritual well-being.

Consumers and representatives advised of their satisfaction that the service supports them to participate in the community, to have and maintain social and personal relationships and to participate in activities of interest to them. Staff understand individual consumers’ daily living preferences and deliver support accordingly. Consumer care and service plans guide the delivery of services and supports that consistently meet consumers’ preferences.

The service demonstrated established systems that enable sharing of consumer information within the organisation and with others who share care responsibilities. Consumers advised of their satisfaction that relevant information about their conditions, needs and preferences is communicated well within the organisation and with others who provide their care and services. Consumers advised that care workers and other staff providing care have access to the information they need, and care workers advised that they are able to access information about consumer alerts, conditions, needs and preferences through the services mobile application at the point of care. Management demonstrated that relevant information and documents are uploaded to electronic care management system in a timely manner. The service administers relevant policies to guide staff in relation to effective information management.

The service demonstrated consistent, timely and appropriate referrals to support consumer daily living preferences. Consumers and representatives advised of their satisfaction that their preferences and needs are supported by the service and timely referrals are made to others when necessary. Management and staff demonstrated that referrals are made to other organisations and service providers, including in relation to social events within the community and transporting consumers for appointments, shopping, and family visits. The service administers relevant policy to guide staff in the referral of consumers and representatives to the Older Persons Advocacy Network (OPAN).

Consumers and representatives advised they are satisfied with how the service assists them to purchase and maintain equipment. Management and staff demonstrated appropriate systems to ensure consumers are provided with safe, clean, and well-maintained equipment. Management demonstrated that consumers are routinely assessed by an allied health professional to ensure equipment provided is fit for purpose. The service administers relevant policy and procedures to guide staff on the provision of aids and equipment including trialling and supporting consumers to maintain the equipment. The Assessment Team reported that consumer documentation in the electronic care management system evidences suitable provision of equipment for consumers and robust ongoing maintenance of equipment to ensure consumer safety.

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers are aware how to make a complaint and the service has provided information outlining the complaints process. The service demonstrated a culture of welcoming complaints as an opportunity to improve services for consumers. Staff and management demonstrated how they encourage consumers, their family, friends, and carers to provide feedback and where necessary to make complaints. Staff consistently seek feedback when speaking to consumers. The Assessment Team observed that the welcome pack provided to consumers when they first join the service contains relevant information required to make complaints and observed policies and procedures detailing the service’s approach and response to feedback and complaints which highlights a commitment for all staff and management to view complaints and feedback as a way of improving services for consumers.

Consumers advised that they can access other services to overcome barriers that may discourage feedback. The service’s staff are able to translate documents as the service employs staff that can speak most of the languages spoken by the consumers. The service delivers a range of advocacy and language services to support consumers to make complaints and provide feedback and this information is available in the consumer welcome pack which had been translated to ensure consumer understanding.

Consumers advised of their satisfaction with the way complaints are handled, highlighting that the service delivers on the principles of open disclosure. Staff and management demonstrated appropriate knowledge and understanding of open disclosure and demonstrated how they apply the principles of open disclosure when dealing with a consumer or representative concern.

The service demonstrated that consumer complaints and feedback is consistently used to improve the quality of the care and services delivered to consumers. Management demonstrated that the service’s complaints and feedback monitoring system provides up to date reports that are discussed at team meetings and at management meetings to ensure effective complaint management and analysis. Management demonstrated that this information is routinely used to inform changes to care and services and feeds into the service’s plan for continuous improvement.

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers advised that staff have enough time to provide the care and services they are scheduled to provide, staff consistently turned up on time and are not rushed. Consumers advised that the service routinely provides staff who speak their language and provide the right staff gender if this is recorded as a consumer preference. Rostering staff advised that when preparing the rosters, they have sufficient staff with the right skills and who speak the chosen language of the consumer to deliver quality care and services.

Consumers advised that staff are consistently kind, caring and respectful. Consumers advised that the service ensures care workers can speak their language and are aware of their personal identity, customs and culture. Management demonstrated that the service maintains a focus to try to roster care workers based on consumer cultural needs, personal preferences, language needs and personal identity.

Consumers advised that they considered the staff to be well trained and competent, highlighting that staff have the knowledge and experience to effectively perform their roles. The service demonstrated that staff have the required credentials, such as National Criminal History Checks, COVID-19 vaccinations and first aid certificates, all of which the service monitors. The service maintains records to ensure that staff have received and reviewed relevant policies and procedures required that apply to their roles.

Care workers demonstrated relevant qualifications related to their roles and advised that they are supported by the service. Care workers highlighted that they have access to relevant training and equipment necessary to deliver the outcomes required by the Quality Standards. The service’s training matrix highlights that all staff have undertaken mandatory training and participated in specialist training modules to support them to deliver care to consumers with dementia. The training matrix includes all internal and brokered staff. Management demonstrated that staff are required to have a Certificate III qualification before employment.

Management demonstrated that performance reviews are scheduled and staff confirmed their participation in the performance appraisal program. The Assessment Team observed documents that confirmed the service is developing a suitable process for staff appraisals and reviews and that this action is included in the service’s plan for continuous improvement. The service administers relevant policies and procedures that govern performance appraisals which highlights annual staff appraisals.

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| 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. | Compliant |

Findings

Consumers advised that they have received an annual survey and feedback questionnaire and highlighted that this questionnaire was provided in different languages. Consumers advised that the organisation is open and responsive to their feedback. Consumer advised that the service would listen to them and allow them the opportunity to provide input into the care and services they receive. The organisation has developed spot checks where a care manager shadows a care worker once per month. This supports the organisation to ascertain personal feedback from each consumer on a regular basis. Management advised that the organisation’s consumer numbers are below the threshold which requires an organisation to establish a Consumer Advisory Body, however, management demonstrated that the organisation is in the process of establishing an advisory body and has issued invitations to all consumers and representatives to join the group.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. The organisation demonstrated that the governing body monitors the service’s compliance with the Quality Standards, and demonstrated that the governing body maintain focus and accountability for the delivery of quality care and services. Consumers advised that the service is well run and that they routinely receive high quality care and services. Consumers advised that the organisation’s culture was good and that staff and management provide appropriate focus around individual consumer best interests. The governing body consists of three senior managers and meet every two months to revise financial reports, incident reports, feedback and complaints data, high risk consumer information and related clinical data.

The organisation administers relevant policies and procedures which support effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation delivers electronic information management systems that include a consumer file management system which supports care workers to access data securely and remotely using mobile devices. Care workers highlighted that they can also access consumer information via up to date individual consumer folders, and all consumer information is maintained confidentially and backup systems are in place to protect consumer information. The organisation demonstrated a robust plan for continuous improvement as well as relevant policies and procedures which maintain focus on ensuring effective continuous improvement. The organisation demonstrated effective financial governance systems and processes to ensure the organisation continues to deliver safe and quality care and services. Senior management maintain oversight of the organisation’s income and expenditure, and this is regularly reviewed and discussed by the senior management body. Management maintain oversight of consumer funding including significant underspends and reports this information to the senior management at each meeting. The organisation demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police checks and driver’s licence checks. Management maintain appropriate records to monitor staff certifications.

The organisation demonstrated relevant policies and procedures that support effective organisation wide risk management systems and practices, including systems to manage high impact and high prevalence risks, abuse, incident management and to ensure consumers are supported to live their best life. Management and staff demonstrated appropriate knowledge of vulnerable consumers who are recorded on their high-risk register. These consumers are routinely discussed at regular staff and management meetings, including consumers with cognitive and functional needs and limited supports. The organisation demonstrated appropriate policies and procedures for managing high risk consumers and for reducing consumer risk. Staff are supported by management if they identify consumer abuse and neglect and relevant action is taken, including suitable referrals if required. The organisation demonstrated appropriate policies and procedures governing the service’s approach to handling potential abuse. Management highlighted the organisation’s incident management policy and procedures, which guides staff to identify incidents and to engage a suitable response to ensure the best outcome for the consumer.

Management and registered staff demonstrated appropriate knowledge of the organisation’s clinical governance framework and demonstrated application of antimicrobial stewardship, minimising the use of restraint, and open disclosure. The organisation’s clinical governance framework includes relevant policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Management highlighted that clinical services are delivered by internal staff, and the senior management governance group oversee these services. Staff advised they have received training on these policies and demonstrated appropriate knowledge on how to apply these practices in their duties. Management highlighted that the governance framework is monitored through regular meetings with senior staff to ensure safe and quality care for consumers, including robust reporting processes, monitoring systems, analysing clinical indicators, and relevant training for staff. The policies outline clear roles and responsibilities for all clinical matters within the service.

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)