**Performance**

**Report**

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| Name: | Afea Pty Ltd |
| Commission ID: | 201273 |
| Address: | Ground Floor, 17 Macquarie St, PARRAMATTA, New South Wales, 2150 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 8878 Leora Healthcare Pty Ltd  
Service: 26450 Afea Pty Ltd  
Service: 29516 Leora Healthcare QLD

**This performance report**

This performance report has been prepared by T Bartlett, 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 services it operates, 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, which was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the assessment team’s report received 9 December 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 | **Not 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 | **Not Compliant** |

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

# 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 2(3)(a)

* Ensure validated risk assessment tools and a risk screening procedure are implemented to support assessment and planning, including consideration of risks to the consumer’s health and well-being for consumers.

Requirement 8(3)(c)

* Ensure ongoing implementation and effectiveness of the quality care advisory body to meet the regulatory expectations of this requirement.

# 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives said staff know consumers well, and consumers felt respected. Staff described consumers’ backgrounds and preferences and how they assisted consumers to maintain their dignity and provided care and services in a respectful manner. Policies and procedure guide staff, and training was provided to ensure staff understood how to provide person-centred, respectful and dignified care and support.

Consumers and their representatives stated each consumer’s culture and identity was valued by staff. Support workers said they regularly provided care to the same consumers and got to know their backgrounds and how they like their care to be delivered. Care planning documentation identified consumers’ backgrounds and various strategies used to support them. Staff are guided by policies and procedures on how they could support consumers to ensure cultural safety.

Consumers and their representatives said consumers can exercise choice and independence, make decisions as they wished, and maintain connections and relationships with others. Staff spoke of the ways in which they supported consumer choice and independence. Documentation showed person-centred care and services, supporting consumers to maintain independence, choice and relationships is imbedded into the service delivery.

Consumers and their representatives said consumers were encouraged to do things independently and staff respected the decisions consumers made. Where risks have been identified the organisation evidenced it worked with the consumer and their representative to discuss, agree, and record outcomes. The organisation has procedures to support consumers to take risks.

Consumers and their representatives expressed satisfaction with the information they received, stating it is clear, easy to understand and enabled them to exercise choice. Consumers and their representatives said they currently have no issues accessing information including their monthly statements. Management said they were continually reviewing documentation to ensure its currency and accuracy.

Consumers and their representatives said staff providing care and services respected the consumer’s privacy and confirmed consent was obtained prior to sharing information with other organisations. Management and staff demonstrated understanding the importance of privacy and confidentiality when providing care and services in and out of work settings. The organisation has training, policies, and procedures in place to guide staff of all levels on privacy and policies.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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. | Not 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

This Quality Standard has been assessed as non-compliant as 1 of the 5 specific requirements is non-compliant for each service.

Requirement 2(3)(a)

Although assessment and planning were evidenced in care plans, the assessment team was not satisfied risk involved with the use of restrictive practices was not considered or discussed to identify alternative measures for safe and effective care and service delivery. The assessment team provided the following evidence relevant to my finding:

* Consumers without restrictive practices confirmed assessment and planning, including identification of risk, types of support and service delivery preferences, were performed by their care manager during onboarding and when circumstances changed.
* Management said face to face assessments are performed during onboarding when an in-home work health safety assessment is conducted.
* Documentation showed each consumer’s risk, service delivery instructions and no response plans in place, including for consumers who are falls risks or living alone.
* Documentation showed the provider has policies and procedures to guide staff in the assessment and planning process to ensure staff are working in partnership with the consumers and their representatives to deliver safe and effective care and services.
* The assessment team identified one consumer with mechanical restraint applied by the family. The consumer is unable to sustain their wait with a lap belt to be used as documented in the service instructions. The consumer’s representative confirmed the family requested the lap belt for safety reasons and stated they had a conversation with the consumer’s care manager. Documentation showed the representative requested a follow up with an occupational therapist for a new universal belt for a newly recommended wheelchair. Documentation showed the occupational therapist report did not recommend a belt for transfers or transportation of the consumer. The assessment team did not sight evidence of conversations between the provider and the representative on the usage of lap belts being considered a mechanical restraint. Management stated the application of the lap belt was performed prior to the consumer commencing with the provider and explained the usage of the lap belt was not to influence the consumer’s behaviour. The engagement with other health professionals to evaluate the use of a lap belt was not observed for eliminating or minimising the use of restraint during assessment and planning for care and services.

In response to the Assessment Team’s report, the provider provided the following information relevant to my finding:

* Explanation and evidence a reassessment and review of the identified consumer was completed showing the use of the lap belt is not a restrictive practice but is for the safety of the consumer.
* Explanation and evidence a discussion about the use of the belt has been held with the consumer and representative with clear guidance on its appropriate use.
* Evidence a newly developed care planning procedure establishes a structured, standardised approach to creating and reviewing care plans tailored to consumer needs in home and community services which align with the Quality Standards.
* Explanation the provider is finalising a review to determine the most appropriate validated assessment tools based on the specific domain or services provided.
* Explanation the provider is developing a risk screening procedure and tools to standardise the identification, assessment and management of risks in consumer care, with a planned completion date of 4 January 2025.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which shows the provider did not have processes in place to consider risks for consumers, particularly in relation to possible restrictive practices.

I acknowledge the provider has addressed the issues for the identified consumer. I acknowledge the provider has held discussions with the consumer and their representative on the use of the lap belt.

I acknowledge the provider is finalising a review to determine the most appropriated validated assessment tools and is developing a risk screening procedure for use throughout the service. However, as stated in the plan for continuous improvement, this activity is yet to be completed.

Although the assessment team only identified one consumer with use of a lap belt and no evidence of discussion of the risk of the use of such a device, the risk of future and current consumers entering the service with restrictive practices prior to onboarding without the provider’s oversight exists. Such practices may or may not be used to influence a consumer’s behaviour. However, conversations on the consumer’s risk, safety and dignity of choice should be discussed and documented for monitoring and re-evaluation for safe and effective service delivery. The absence of risk escalation or awareness on restrictive practice applied for each consumer also prevents the provider’s staff or management to raise conversations with family and representatives on restrictive practices.

Based on the information summarised above, I find the provider, in relation to each service, non-compliant with Requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e)

Consumers and representatives said the consumer’s current needs, goals and preferences are discussed during assessment and planning. Staff interviewed said each consumer’s current needs, goals and preferences are documented in their care plans and are accessible via their mobile application. Management advised that advance care planning and end of life planning conversation has not been made with consumers. However, upon receiving this feedback, management updated all policies and procedures to ensure conversations are made during initial assessment or during nursing assessments and reviews.

Consumers and representatives said they were involved in the development of the consumer’s care plan and could provide input on how the services are delivered. Staff said they would always ask consumers what and how they would like things to be done day by day, to ensure the consumers have an opportunity to raise any needs or preferences out of the routine task. Management said assessment and planning includes referrals to health professionals such as their preferred allied health professionals and general practitioners.

Consumers and representatives said they were satisfied with the outcomes of the assessment received from the service. Consumers and representatives said they have a copy of their care plan in their home folder or have an electronic copy provided via email. Support workers said care plans are readily accessible through the mobile application, and they can view each consumer’s needs, goals, preferences and service delivery instructions. Management said all outcomes of assessment and planning are communicated to the consumers to assist them to make an informed decision.

Consumers and representatives said care and services were reviewed yearly or as required when the consumer’s needs and conditions changed. The care manager said that care plan reviews are performed annually, or when a consumer’s circumstances changed or as per the provider’s policies and procedures. A review of care documentation showed reviews for all consumers were completed in the last 6 months and care and services were revised for consumers with changed circumstances as appropriate.

Based on the information summarised above, I find the provider, in relation to each service, compliant with requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers and representatives said that consumers receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Staff said they read consumer’s care plans and engage with consumers to ensure their needs are met and they are comfortable during service delivery. Management said care plans are personalised and developed in partnership with consumers and their representatives. A review of documentation evidenced care and detailed service instructions on delivery of care for staff.

The provider uses electronic care management systems to inform management and staff of high-impact or high-prevalence risks to consumers. Each consumer’s care plan documents high-impact or high-prevalence risks associated with the care of the consumer. Mitigations for each identified risk is provided and individualised for each consumer.

Management described the provider’s process to ensure consumers receive the appropriate end of life supports when required. Although the provider is not currently managing any HCP consumers nearing end of life, management described how they would recognise and address the situation.

Consumers and representatives said staff recognise signs of deterioration or change and are quick to communicate with the care manager for follow ups. Staff are aware of their roles and responsibilities in identifying and reporting signs of deterioration. Management said processes and training are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Documentation evidenced support workers’ end of shift notes record changes in individual consumer’s mental health, cognitive or physical function, capacity or condition which is recognised and escalated to the case coordinator for action.

Consumers and representatives said support workers understand the consumer’s needs, goals and preferences without the consumer having to give instructions or repeat themselves. Staff expressed satisfaction with the information provided at point of care through a mobile application and felt confident if they required more information, they could reach out to the provider. Management said all information about a consumer’s condition, needs and preferences are documented in their care plan which is accessible to all staff through their mobile application. Documentation showed each consumer’s condition, needs and preferences are documented and communicated with the provider and with others where responsibility for care is shared.

Consumers and representatives confirmed consumers had been referred to health professionals when required. Management described processes to refer consumers to allied health and other health professionals when required, including referrals to wound specialists. Care documentation showed there was consent from consumers and or their representatives to share information, with timely referrals made to relevant health professionals when staff identified changes in consumer condition or when consumers requested allied health services.

Consumers and representatives were satisfied with measures staff undertook to protect consumers from infection. Staff confirmed they had training in hand hygiene and infection control and were supplied with personal protective equipment. Management confirmed infection control processes, guidance material along with COVID-19 safety plans and mandatory training in infection prevention control were in place. Documentation showed a clinical governance framework and medication procedure are available to guide staff on antibiotic usage and resistance, along with an infection control manual and COVID-19 policy and procedure.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers and representatives said consumer needs and goals are discussed with their care manager during initial assessment and were reviewed annually or when their health conditions changes. Staff described how they support consumers to stay independent by providing support in areas needed and doing activities to help keep the consumer’s mobility. Management advised, and documentation reviewed confirmed, processes are in place to ensure consumer daily living services are tailored to meet individualised needs and preferences.

Consumers and representatives advised daily living services and supports promote the consumer’s emotional and psychological well-being. Staff and management demonstrated knowledge of individualised consumer emotional, spiritual and psychological well-being needs and described strategies implemented to promote these needs. Documentation reviewed show concerns with consumer emotional or psychological well-being are reported and actioned appropriately.

Consumers and representatives said daily living assisted the consumers to participate in the community and do things of interest to them. Staff demonstrated understanding of each consumer’s interest and management described strategies used to ensure consumer needs, goals and preferences for social connection and enjoyed activities are maintained. Documentation demonstrates processes are in place to assess, enable and record individualised consumer connection needs and activity preferences.

Consumers and representatives said information on the consumer’s condition, needs and preferences is communicated within the provider, and with others where responsibility for care is shared. Staff said they could access a consumer’s information through the mobile application or could contact the care manager to gather more information if required. Management said all staff can access consumer’s information on the electronic client management system and formal introduction and briefing is conducted prior to support workers commencing services for the first time with a consumer.

Consumers and representatives said referrals made to other organisations and providers have been timely and appropriate to the consumer’s needs and preferences. Staff said if they suspect or identify any changes in consumer’s conditions and health, they will inform the care manager to follow-up and arrange a referral to the consumer’s general practitioner or allied health services. Management said observations and feedback from support workers, and communication from consumers and representatives allows the provider to act on referrals in a timely manner to address any issues relating to a consumer’s condition, needs and preferences. Documentation showed evidence of timely referrals for equipment.

Consumers and representatives expressed satisfaction with the quality, quantity and suitability of meals provided. Staff and management described, and documentation reviewed confirm, processes are in place to ensure meals provided meet the dietary needs and preferences of consumers. Management stated consumer’s dietary requirements and preferences are discussed during onboarding, with consumers given meal service choices. Management stated if consumers provide feedback on the quality and suitability of the food, the care manager would offer other options or work with the consumer and their representative to provide a preferred meal provider. Documentation evidenced each consumer’s mealtime, meal preferences, medical conditions and dietary requirements are documented in the consumer’s care plan.

Consumers and representatives said equipment provided is a safe and suitable for their needs. Management said all equipment provided are based on each consumer’s assessed needs. An occupational therapist, physiotherapist or clinician assessment and recommendations are required prior to procurement of equipment. Management stated all equipment sourced and purchased is recommended by an occupational therapist through referral and assessment. Documentation showed new equipment is purchased on recommendation from an occupational therapist.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

The provider does not provide services in a service environment. Therefore Standard 5 is not applicable and was not assessed.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and their representatives said they were encouraged and supported to provide feedback and make complaints and they know how to make a complaint, including by calling the service or speaking with the care manager. Staff in the organisation were aware of the ways in which they could support consumers to make complaints, including encouraging consumers to call the office or speak to their care manager. Management described how consumers were provided information about how to make complaints and provide feedback in the welcome pack at the time of admission, as well as having access to this information in the client home agreement and on the organisation’s website. Documentation showed consumers and representatives were provided with information about how to provide feedback and make complaints through various ways.

Consumers and their representatives said they knew how to raise complaints through other mechanisms, including the use of advocates. Staff in the organisation described how consumers were supported with language services, external complaints and advocacy groups. Staff stated if they could not assist a consumer who raised a complaint, they would help them with accessing advocacy services or other methods for raising and resolving complaints. Management said information about languages services, advocacy and external complaint services was included in the welcome pack provided to consumers and is available in the consumer’s service agreement and on the organisation’s website. Documentation confirmed information about how to access advocates and how to make an external complaint is included in the welcome pack and service agreement.

Consumers and their representatives were satisfied by the way in which the organisation responded to complaints, with consumers stating they felt the organisation gave an honest explanation when things had gone wrong, and they were reassured that it would not happen again. Staff in the organisation described how they escalated all complaints and feedback for appropriate action, including trying to resolve concerns raised as soon as possible, providing an apology to the consumer, investigating the matter, taking appropriate action and keeping the consumer and representative informed throughout the process. Management described the system used to acknowledge and respond to complaints and how an open disclosure process was used, providing an example of how the system was used to respond to consumer complaints. Documentation showed open disclosure was practised and recorded in the complaints handling system, with procedures in place to guide staff in responding to complaints and feedback.

Consumers and their representatives interviewed said services had improved after feedback was provided and they were confident the organisation used feedback and complaints to improve the quality of care and services. Management described how feedback and complaints are analysed and trended, and how the information is used to make service improvements. Management stated the executive leadership team received complaints and feedback reports monthly, and the board received a report quarterly, with complaint trending and analysis used to create continuous improvement opportunities. Documentation showed how the organisation reported trends and issues to the board, with the continuous improvement plan containing improvements in response to feedback and complaints.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives said consumers received quality care and services, and staff were not rushed. Support workers were rostered in a way that allowed them to develop relationships and become familiar with the care needs and preferences of the consumers to whom they provided care. Consideration was given when recruiting and deploying staff to ensure the service could match staff to individual consumers to ensure consumers received consistent and safe services. Procedures and systems are in place to ensure the service has capacity to meet the care needs of individual consumers.

Consumers and their representatives said staff providing care and services were kind, caring and respectful. Staff described each consumer’s personality, their likes and dislikes and how they cared for them in a respectful and professional manner. Staff and management spoke about consumers in a kind and respectful way during the Quality Audit and demonstrated they knew each consumer well.

Consumers and their representatives said staff were competent and knowledgeable in their roles. Staff said they were provided training and buddy shifts to ensure they were confident and competent before they were assigned to complete shifts independently. Systems and processes exist to ensure that staff and subcontracted staff can provide qualified and appropriate care. The organisation maintains position descriptions for each role, keeps records of any required qualifications and competencies and monitors any requirements for renewals and refreshers.

Consumers and their representatives interviewed said they felt staff were well trained. Staff and management described how recruitment processes ensured staff have adequate skills and qualifications. Recruitment processes included interviewing applicants, reference checks, inductions and buddy-shifts to ensure staff understood the environment in which they are working. The organisation maintains training records to ensure the workforce is up to date with training expectations.

Consumers and their representatives said they are satisfied with staff performance. Staff interviewed confirmed they take part in performance processes. Management described the processes for assessment and monitoring of workforce performance. Systems were in place to ensure the performance of staff was monitored and reviewed, and actions taken when required to improve staff performance. Documentation confirmed the monitoring and review of the performance of the workforce.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human resourcesFeedback and complaints.

# 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. | Not 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

This Quality Standard has been assessed as non-compliant as 1 of the 5 specific requirements are non-compliant for each service.

Requirement 8(3)(c)

Although the assessment team was satisfied the provider demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints, the assessment team was not satisfied the provider demonstrated effective organisation wide governance systems relating to regulatory compliance. The assessment team provided the following evidence relevant to my finding:

* Staff said they have access to policies and procedures and access to consumer information relevant to their role and described how the organisation provided updated information through different channels of communication such as emails, meetings and training. Management advised electronic information was secured by user passwords and 2-factor authentication.
* Documentation showed the organisation’s continuous improvement plan clearly lists areas for improvement, actions required, persons responsible, expected completion dates and status against the Quality Standards. The organisation has continuous improvement systems and processes which are monitored and help the organisation to identify where quality and safety was at risk and the actions taken to respond appropriately to the risks.
* Management stated the employment of a chief clinical, risk and governance officer, as part of continuous improvement actions identified, has improved areas such as governance, risk management and compliance for the organisation.
* The organisation has financial governance systems and processes to manage the finances and resources of the organisation to deliver safe and quality care and services. Management advised, and documentation confirmed, the board receives a financial report and a financial update for financial year performance results, forecast and projections. Management advised consumers with high unspent funds were regularly monitored and the organisation actively engaged those consumers to encourage them to access care and services for which they have been assessed.
* All staff have a position description that describes their role and responsibilities. Management collates and analyses workforce staffing numbers and reports regularly to the board. Subcontracted services are managed by selected staff through service agreements and contracts.
* Management reported feedback and complaints are regularly reviewed and assessed to identify opportunities for improvement. Documentation showed regular reporting of feedback and complaints to the board, with processes in place to escalate issues based on priority.
* In relation to regulatory compliance, management advised they were informed about regulatory reform through email subscriptions from the Commission and information was disseminated to staff as required through email. However, the assessment team noted the provider did not establish a quality care advisory body until November 2024 with the first meeting held on 4 November 2024. Management advised quality had been under resourced and a chief clinical risk and governance officer position was created and in June 2024 someone was appointed to the role. The membership of the quality care advisory body includes a member with appropriate experience providing aged care, a staff member directly involved in the delivery of aged care and a member who represents consumer interests. The assessment team noted the organisation has created a committee and communication framework which includes the purpose, scope and responsibilities of the quality care advisory body. The terms of reference include meetings to be held every 6 months, reporting expectations, the agenda and decision making authority.

In response to the Assessment Team’s report, the provider provided the following information relevant to my finding:

* Explanation and evidence the report from the quality care advisory body’s first meeting was tabled at the board meeting on 27 November 2024, ensuring transparency and alignment with the board’s oversight responsibilities.
* Explanation and evidence the quality care advisory body meetings are now scheduled every 6 months to maintain continuous oversight and governance.
* Explanation and evidence approval has been granted to appoint an additional team member for the clinical, risk and governance team, to enhance the team’s capacity to effectively manage compliance, address clinical risks and implement quality improvement initiatives across the organisation.
* Explanation and evidence the approved committee and communication framework will be implemented from January 2025, with this formalised governance plan to ensure the integration of the quality care advisory body’s functions and activities with operational processes and the board.

In coming to my finding, I have considered the information and evidence in the assessment team’s report and the provider’s response, which demonstrates deficits in regulatory compliance, particularly in relation to the establishment of the quality care advisory body.

I find the provider has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, do not find the provider has met its regulatory compliance requirements.

I acknowledge the provider has implemented a quality care advisory body and held its first meeting in November 2024. However, the provider has stated an approved committee and communication framework will be implemented from January 2025. I find there is limited evidence to confirm the quality care advisory body will be effective. I consider additional time is required for the provider to show evidence of effectiveness of the quality care advisory body.

Based on the information summarised above, I find the provider, in relation to each service, non-compliant with Requirement (3)(c) in Standard 8, Organisational governance.

Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e)

Consumers confirmed they were engaged in the development, delivery and evaluation of care and services, including regular surveys and face-to-face feedback opportunities. Management described how consumers were engaged in feedback opportunities including surveys and provided examples of improvements made in response to feedback, including implementing a single point of contact for consumers. Documentation evidenced consumer engagement in development, delivery and evaluation of care and services. Although the provider did not have a consumer advisory body in place at the time of the quality audit, the provider had met the legislative requirements of offering consumers the opportunity to form an advisory body each 12 months and the first meeting of a consumer advisory body is scheduled for January 2025.

The board sets the strategic agenda for the organisation and promotes a culture of safe, inclusive and quality care and services. Management and a board member explained the processes to ensure the board comprised suitably qualified members with relevant experiences to govern the organisation. A board member described information and reports considered by the board to ensure safe, inclusive, and quality care and services were provided for consumers. The board is made up of a majority of independent non-executive members and one member with experience in providing clinical care.

The provider uses a collaborative approach for identifying risk through support worker and consumers’ verbal input, incident reporting and end of shift notes on its electronic client management system. Support workers are aware of their responsibilities to report any suspected or identified abuse and neglect of consumers. The provider uses its electronic client management system for incident management to follow up and escalate any incident. The use of a centralised electronic client management system for both risk and incident management ensures that there is only one source of information for staff across the provider to access and reference.

The provider has a clear clinical governance framework providing education and guidance for the workforce on antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance framework is based on ‘National Model Clinical Governance Framework’ from the Aged Care Safety and Quality in Health Care. The clinical governance framework defines the roles and responsibilities of the workforce for clinical leadership and ongoing clinical training is provided to the workforce to ensure best clinical practices are applied in service delivery. The provider has a committee and communication framework consisting of a clinical risk and governance committee that meets quarterly. Clinical indicator reports are generated monthly, and trends reports are generated quarterly for clinical governance risk and governance meetings. This ensures that the clinical risk and governance committee has oversight of clinical risk management and clinical staff performance.

Based on the information summarised above, I find the provider, in relation to each service, compliant with requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8, Organisational governance.

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)