**Performance**

**Report**

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| Name: | Amana Living - Kalgoorlie |
| Commission ID: | 500063 |
| Address: | 13 Roberts Street, SOUTH KALGOORLIE, WESTERN AUSTRALIA 6430 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 701 Amana Living Incorporated  
Service: 19069 Amana Living Kalgoorlie L1 & 2  
Service: 19070 Amana Living Kalgoorlie L3 & 4

**This performance report**

This performance report for Amana Living - Kalgoorlie (**the service**) has been prepared by M Franco, 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.

# 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 and representatives interviewed described staff as kind, caring and respectful. Management and staff spoke about consumers in a respectful manner, and described how they provided a personalised service by understanding the consumers identity and culture. Management advised the service works with consumers and their representatives to ensure staff were right for each consumer. The Assessment Team observed management and staff speaking with consumers in a respectful and kind manner.

Consumers and representatives interviewed by the Assessment Team provided consistent feedback that staff treated them with dignity and respect. Management advised staff received training in cultural awareness annually and within regular team meetings. Management said they have staff members with similar cultural backgrounds to match with consumers to assist cultural understanding. Management advised and documentation confirmed that where a consumer has specific cultural, language or religious need, they incorporated this into their service delivery. This was evidenced in comprehensive support plans viewed by the Assessment Team.

Consumers and representatives described how they can exercise choice and independence and make their own decisions regarding the way consumer services were delivered and who they would like to be involved in those decisions and their care. Community support workers interviewed described practical ways they supported consumers to make choices. These included giving consumers options and supporting their choice, using concise simple sentences, and acknowledging their need to process information.

Consumers and representatives confirmed the service involved them in making decisions about the care and services consumers received. Community support workers described how each service delivered is driven by consumer choice. Management advised the service empowered consumer choice in all services through regular communication with consumers and representatives to ensure preferences were met. Community support workers interviewed demonstrated awareness of dignity of risk through ensuring consumers had choice and adequate support to complete activities of daily living.

Consumers and representatives said they were provided with timely information and were supported to understand the information, enabling them to exercise choice. Staff interviewed demonstrated how they used alternate ways to communicate with consumers who may have speech and other physical issues affecting them. Management also said that they were continually reviewing documentation to ensure its currency and accuracy. A review of documentation showed that the home care agreement contained clear information about how Home Care Package (HCP) funds were accrued and used, and about the fees for services and management of the package.

Consumers and representatives interviewed stated they felt that their privacy was respected especially during the delivery of care and services. Consumers also described their confidence that their personal information was kept confidential by staff and the service. All consumers and representatives sampled were confident that consumer privacy was respected whilst receiving services. The service has consent protocols for consumers or their representatives to agree for their information to be shared outside of the service, including with the consumer’s general practitioner.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 1 of the Aged Care Quality Standards.

# 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 stated they were satisfied the initial assessment considered consumer health and well-being and staff demonstrated an understanding of the consumers health and potential risks. Information gathered during the assessment process was used to develop a comprehensive support plan in partnership with the consumer and/or their representative. The information outlined in the consumer’s comprehensive support plan guided staff in the provision of safe and effective care and services to consumers. The service identified and considered risks to the consumer’s health and well-being, and strategies to reduce the risk to the consumer were identified and highlighted as alerts in the comprehensive support plan. Staff interviewed described individual consumer’s needs and preferences and demonstrated an awareness of consumers who were at higher risk. Staff said comprehensive support plans guided how they delivered care and services to consumers.

Consumers and representatives indicated care planning identified consumers current needs, goals, and preferences. Staff interviewed demonstrated an understanding of the consumer’s current needs, goals, and preferences. Management said they identified consumer’s needs, goals and preferences during the initial assessment and reassessments and balanced this with their preferences and budget. This information was recorded in the consumer comprehensive support plan.

Consumers and representatives interviewed discussed how they were supported during care planning and assessments to make decisions about consumer care and services. Staff described how consumers, representatives and others were involved in assessment, planning and development of a comprehensive support plans. Care planning documents viewed confirmed that consumers, representatives, and health professionals, when required, were involved in the planning of consumer’s care and services. The service has processes in place to support consumers to access external service providers and to protect privacy when sharing consumers information in accordance with their obligations. Consumers care documentation and progress notes indicated staff consistently work with consumers and or their representatives. Staff sought input from other professionals that ensured care and service provision were in line with the consumers' needs and preferences. The roles and responsibilities of all involved in the consumer’s care were documented in the comprehensive support plans.

Consumers and representatives advised they were familiar with the outcomes of an assessment and could describe consumer care and services. Staff described how they could access care and service information about a consumer. Staff felt there was sufficient information to guide them to effectively deliver care and services. Documentation reviewed showed regular communication occurred about the outcomes of assessments and planning.

Consumers and representatives confirmed consumers’ care and services were reviewed as required including when consumer needs and conditions changed. Staff with responsibilities for assessment and planning described how care was formally reviewed at 12 monthly intervals, or when a consumers circumstances changed or when incidents occurred. Care documentation showed reviews and revised care and services for consumers with changed circumstances as appropriate. Documentation reviewed indicated if incidents occurred, family members were contacted as appropriate, information was recorded on an incident report form, and immediate action was taken.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 2 of the Aged Care Quality Standards.

# 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 stated consumers received safe and effective care that optimised their health and well-being. Staff demonstrated how care was tailored to individual needs, aligning with best practice. Management emphasised the importance of consumer reviews to customise consumer care and services. Policies and procedures were available to staff who confirmed the optimisation of consumers’ health and well-being was the focus of the service. Management advised personal care provided to consumers was tailored to the consumers’ needs to optimise their health and well-being. Management advised no consumers were under restrictive practices. Care planning documentation reviewed showed best practice and validated assessment tools were being used which included FROP–COM, Waterlow Pressure Ulcer Scale, PAS, and mini nutritional assessment. Documentation reviewed confirmed no consumers were under restrictive practices. Progress notes showed routine evaluation of care provision included routine monitoring or identification of issues such as following a fall or when other issues were identified.

Consumers and representatives interviewed were satisfied consumer care was safe and described in different ways how risks associated with their care was managed. Staff advised high-impact; high-prevalence risks included falls, wounds, and behaviours. Care documentation showed risks associated with the care and services of consumers, were identified as alerts, and documented. Instructions to guide staff in managing risks were consistent. Staff described individual consumers’ risks, explained the tasks and techniques they used to manage risks during care and service provision and described how they would report an incident. The service has systems and processes in place to assist staff to manage risk, and to ensure clear instructions were provided to staff to minimise the effect and number of risks for consumers.

Consumers and representatives interviewed were satisfied the service was addressing consumer needs, goals, and preferences. Staff interviewed demonstrated an understanding of the consumer’s current needs, goals, and preferences. The service demonstrated there was consultation with the consumer, their family and others involved to maximise the consumer’s comfort. Management advised there were no current consumers who were in a palliative phase of their life. Management said as part of the initial assessment and planning, advanced care planning and end of life planning was discussed with consumers and or their representatives.

Consumers and representatives stated staff knew the consumer well and would recognise if their health deteriorated or changed suddenly. Staff described processes to report and respond to changes related to consumers’ health and well-being. Consumer documentation reviewed showed evidence of identification and actions taken when consumers’ health changed or deteriorated. Systems and processes were available to support staff to recognise and respond to a consumer whose function, capacity, or health condition changed or deteriorated. Staff interviewed said they understood how to recognise changes in a consumers health condition. Staff said if they noticed a change in a consumer’s condition, they would call the service inquiry line, report the changes to the client support manager and recorded the details in the progress notes. Staff said they use a stop and watch early warning tool to identify changes while caring for a consumer.

Consumers and representatives expressed the consumers’ condition, needs and preferences were documented and communicated within the organisation and with others where care was shared. Staff expressed satisfaction with the information provided at point of care and felt confident if they required more information, they could reach out to the service. Staff interviewed advised information regarding consumers’ care and service needs and preferences including changes were always current and up to date on their mobile phone application. Staff said they recorded the delivery of services in progress notes, so they were available for others.

Consumers and representatives confirmed consumers had been referred to health professionals when required. The client service manager described processes to refer consumers to other health professionals or the registered nurse. Care documentation for consumers showed there was consent from consumers and or their representatives to share information. Management and staff described the process to refer consumers to allied health services, the registered nurse, and other medical professionals when needs were identified.

Consumers and representatives were satisfied with measures staff undertook to protect the consumers from infection. Staff confirmed they had training in hand hygiene, 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. Management advised personal protective equipment was available to all staff and training included hand hygiene and mandatory infection control training. Management said at onboarding consumers were provided a welcome pack that included a brochure about the use of antibiotics. The registered nurse interviewed said she educated consumers about the use of antibiotics.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 3 of the Aged Care Quality Standards.

# 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 were satisfied that the services provided optimise consumers’ independence, well-being, and quality of life through provision of in-home services, such as domestic and gardening assistance and/or in-community services, such as social support, transport, and assistance with shopping. Management described what was important to consumers and how they adapt services according to consumers’ needs and preferences. Staff interviewed provided examples of how they optimised consumers’ health, well-being and quality of life while ensuring they were meeting their needs goals and preferences providing emotional support, transport to consumers to attend medical appointments and go shopping.

Consumers and representatives felt staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management and staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological well-being. Management advised and documentation confirmed the service supports consumers to optimise their independence and quality of life through the provision of domestic assistance, transport, and social support individual where consumers can participate in activities of interest to them.

Consumers and representatives described in various ways their satisfaction with how the service enabled them to maintain relationships, meet new people and do things of interest to them. Management and community support workers described how the service actively supported consumers to develop relationships and participate in activities of interest to them. Care planning documentation confirmed consumers were supported to participate in their community, to maintain relationships with friends and family of their choice and participate in activities of interest. Management said a range of services and supports were offered to consumers to enable them to participate in their community, have social and personal relationships, and do things of interest to them.

Consumers and representatives interviewed reported staff knew information regarding consumer care needs and preferences, and they did not have to repeat information or direct staff in what to do. Staff demonstrated they understood each consumer’s preferences, needs and health issues and this information was available at the point of care. Management ensured the dissemination of consumer information across the organisation and with others where responsibility for care was shared was kept private and confidential.

Consumers and representatives interviewed reported they had been supported to connect with other lifestyle services where appropriate. Consumers and representatives said there was timely follow up from referrals made and were satisfied with services and supports delivered. Management interviewed stated the service had a referral process for consumers who were interested in accessing external services. Documentation reviewed shows referrals occur where appropriate and in a timely manner.

Consumers and representatives interviewed said equipment provided was safe and suitable. Management described, and care planning documents for sampled consumers confirmed, how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations. Consumers interviewed who had received equipment advised the service organised an occupational therapist assessment, and obtained the equipment which was appropriate and safe.

The service does not receive funding for meals. Therefore requirement 4(3)f is deemed Not Applicable.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 4 of the Aged Care Quality Standards.

# 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

Standard 5 is deemed Not Applicable and was Not Assessed as the service does not have a service environment.

# 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 and representatives confirmed they knew how to provide feedback or make a complaint. Staff described how they supported consumers to raise issues or concerns. Management said they encouraged feedback and complaints and saw them as opportunities for improvement. Documentation showed the service received feedback and complaints from consumers and representatives and procedures and policies were in place to guide staff on encouraging and receiving feedback. Consumers and representatives interviewed confirmed they were aware of how to provide feedback and make a complaint. Information was available in consumers home folder. Management explained how consumers and representatives were encouraged and given opportunities to provide feedback. Information about how to provide feedback was included in the consumer welcome packs.

Consumers and representatives indicated they were aware of other methods of raising and resolving complaints. Staff described how they would support consumers who require assistance with raising issues. The Assessment Team sighted information provided to consumers about advocacy and other methods for raising and resolving complaints. Consumers and representatives interviewed confirmed they were aware of external services to raise feedback and complaints such as advocacy services and the Commission. Management advised, and documentation confirmed, that information in the client information pack included details to access advocacy services and make external complaints to organisations such as older persons advocacy network and the aged rights advocacy service.

Consumers and representatives interviewed reported satisfaction with the service’s actions in response to their concerns and or complaints, and confirmed the service responds to feedback and complaints. Staff could explain how they would use an open disclosure process when things go wrong. The Assessment Team sighted documentation showing the use of open disclosure and appropriate responses to complaints. The Assessment Team reviewed the policies and procedures which guided staff on complaint management and response. The procedure stated the service would respond to a complaint or feedback within 24 hours, and no later than three working days. A review of the complaints register showed complaints were promptly responded to and consumers were informed of the outcomes, and open disclosure processes were undertaken.

Consumers described how services have improved after feedback was provided. Management described how feedback and complaints were analysed and trended, and how the information was used to make service improvements. The Assessment Team viewed the service’s policies and procedures which showed a documented continuous improvement framework, incorporating feedback and complaints. This included continuous improvement activities embedded in the services policies and procedures on feedback and complaints. The service has an electronic complaints management system, which alerts relevant staff of new complaints. There are processes for staff to follow to investigate and respond to complaints and to analyse and evaluate implemented improvements to mitigate the risk of the issue occurring again. Consumers were kept informed and engaged.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 6 of the Aged Care Quality Standards.

# 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 and their representatives confirmed consumers received quality care and services, and staff were not rushed. Management described how they planned and managed the workforce to deliver consistent quality care and services. The service continues to work with consumers to allocate regular and reliable support workers as part of the consumer’s care team. The service has a system to work out workforce numbers and the range of skills required to provide the services. Management discussed how it reviewed its induction program to assist in retention of staff. Staff feedback and consumer feedback feed into the retention project. The service reviewed and analysed staffing on a weekly basis to understand any gaps in services and staffing to ensure the effectiveness of their rostering system. Staff rosters and allocation sheets were reviewed by the Assessment Team at the time of the Quality Audit. The service has not had any unfilled shifts during the past month.

Consumers and representatives interviewed confirmed staff were kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way during the Quality Audit and showed they know each consumer. Consumers and representatives interviewed confirmed staff and management were kind, caring, supportive and respectful and treated consumers well. Community support workers interviewed demonstrated care, kindness, and respect when they spoke about consumers. Staff described how important providing care and services to consumers was to them. Management discussed how it used feedback from consumers to identify any issues and acts upon them. Client service managers make regular contact with consumers monthly to seek feedback about the staff.

The service has systems and processes that exist to ensure that staff and subcontracted staff can provide qualified and appropriate quality service delivery and that its workforce is competent and suitably qualified to perform their roles. The service maintains position descriptions for each role, keeps records of any required qualifications and competencies and monitors any requirements for renewals and refreshers. Consumers and representatives interviewed said staff know what they are doing and provided a good standard of care and service for them. Community support workers interviewed said they were supported in their roles by team leaders and management, and they were assessed routinely to ensure they were competent in their roles.

The service has effective systems and processes to onboard and train the workforce. Recruitment processes included interviewing applicants, reference checks and onboarding, including buddy-shifts to ensure that they understood the environment in which they were working. Consumers did not raise any concerns through interviews about dissatisfaction with staff knowledge and skills. Policies and processes were in place to ensure that staff understood their role and requirements to remain competent. All staff were required to complete scheduled training and systems were in place to monitor compliance. The service maintains a training matrix and training records to ensure the workforce is up to date with training expectations.

Consumers or their representatives interviewed said in various ways that they were satisfied with staff performance. Staff interviewed confirmed they take part in performance processes. Management described the processes for regular assessment and monitoring of workforce performance. Feedback and incidents are monitored and reviewed to identify staff performance issues. The Assessment Team viewed documentation that supported the monitoring and review of the performance of the workforce. Policies and systems were in place to ensure the performance of staff was regularly monitored and reviewed, and actions taken when required improve staff performance.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 7 of the Aged Care Quality Standards.

# 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

The service engages consumers and their representatives in the evaluation of care and services through various forms of surveys including annual client satisfaction surveys, Kite client satisfaction surveys and Curtin client surveys to gather feedback and suggestions. The service is part of a larger organisation. The organisation has implemented a consumer advisory body in 2023. The Assessment Team sighted minutes from these meetings which showed home services consumers were engaged in this consumer advisory body and provided recommendations for improvements to services. Consumers and representatives said they were engaged in how services were to be completed, implemented, and asked to provide feedback through speaking with their coordinator and feedback through the surveys.

Management said the organisation’s governing body ensured a culture of safe and inclusive quality care through review of clinical information including risk, complaints, and incident data by the board. The service management reports to the Board with members who have relevant backgrounds and experiences. The Board has a subcommittee to oversee clinical and care services. An organisational structure was in place which showed there is delegation of roles, responsibilities, and accountabilities. The membership of the Board shows a broad sector knowledge and appropriate experience and qualifications. Management advised where it subcontracts delivery of services, oversight of the quality of subcontracted services was maintained and monitored. Review of subcontractor agreements showed the organisation maintains oversight of services delivered by subcontractors.

The organisation maintains effective organisation wide governance in place to manage and monitor information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The service has policies and procedures in place to guide staff across the governance systems.

The organisation has risk management systems and practices which enabled the service to manage risks associated with the care of consumers. The service supported consumers to live their best lives through providing guidance to staff to understand risks which may impact the consumer and having discussions around choice. The service evidenced it is managing and preventing incidents through its use of an incident register and had monitoring processes in place.

The service demonstrates it has a clinical governance framework in place that guides and sets out responsibilities and accountabilities and how the service delivers safe and quality clinical care for consumers. The framework included processes for open disclosure, minimising the use of restraint and antimicrobial stewardship. The service has a clinical governance framework in place which describes the service’s approach to supporting consumers who receive care and services, including communication and documentation, assessment, care planning, monitoring, and reporting and ensuring all staff are aware of their roles and responsibilities within the organisation. Discussions with management and review of documentation showed clinical indicators are being collated and analysed. The information is discussed at leadership level, with the board, clinical governance meeting and care committee meetings attended by clinical staff and coordinators.

Based on the evidence summarised above I find the provider, in relation to the service, compliant with Standard 8 of the Aged Care Quality Standards.

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