**Performance**

**Report**

**1800 951 822**

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| Name: | Amana Living - Perth Care Services |
| Commission ID: | 500040 |
| Address: | Level 1, 541 Hay St, SUBIACO, Western Australia, 6008 |
| Activity type: | Quality Audit |
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| Performance report date: | 15 January 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: 701 Amana Living Incorporated  
Service: 19074 Amana Living Metro East L3 & 4  
Service: 19071 Amana Living Metro North L3 & 4  
Service: 19072 Amana Living Metro South East L3 & 4  
Service: 19073 Amana Living Metro South West L3 & 4  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8412 AMANA LIVING INCORPORATED  
Service: 26686 AMANA LIVING INCORPORATED - Care Relationships and Carer Support  
Service: 25179 AMANA LIVING INCORPORATED - Community and Home Support

**This performance report**

This performance report for Amana Living - Perth Care Services (**the service**) has been prepared by K. Jarvie, 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.
* It is noted that the provider responded to the Assessment Team report on 27 November 2023 advising that they were satisfied with the finding and had no further comment.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Consumers and representatives said they are satisfied consumers are treated with dignity and respect, and their individual qualities and diversity is valued. Observations of staff evidenced their respect towards consumers and documentation confirmed that the service had a consumer centred approach to care and service delivery. Management described using complaints data to inform their approach to staff training and supervision.

Consumers provided examples of how their cultural preferences are supported by the service, and staff know what is important to them. Staff were able to describe what culturally safe care meant in practical application, and this information mirrored the service’s policy and procedures documentation. Electronic care systems were observed to contain information related to cultural preferences and needs of consumers.

The service demonstrated it promotes and supports consumers to make decisions about their care and services, and who else is involved in the decision-making process. Consumers said they are enabled to make those communications by staff, and control of these decisions remains with them. Staff described how service delivery can change frequently at a consumer’s preference, and they discuss this regularly with consumers to ensure they participate and experience the service in the manner they choose. Documentations evidenced these preferences and the service working in partnership with consumers.

The service described how it supports consumers by informing them of risk and ensuring understanding of potential consequences whilst allowing them to exercise choice. Consumers said they are encouraged to take risks in line with their choices. Management described and the Assessment Team sighted documented examples of collaborative assessment from clinical and allied health professionals with consumers and risk mitigation strategies facilitate choice and encourage independence.

Consumers and their representatives were satisfied with the information provided to them was clear and easy to interpret and it empowers them to exercise choice. Consumers also said they feel comfortable to request more information or help understanding something and the service will support them in doing so. Documentation on home care agreements reviewed by the Assessment Team was clear on funding amounts and descriptions and provided explanation where appropriate. Care plans contained information on information delivery preference and measures taken by the service to overcome language difficulties to benefit consumers.

The service demonstrated they keep consumer information confidential unless permitted otherwise by the consumer. Staff described how they maintain the privacy of consumers in the delivery of their care and services. Consumers stated they have no concerns over the services ability to keep their information private or respect their privacy. Management identified security measures such as secure databases and confidential document disposal and the assessment team sighted these in operation.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

The service is undertaking comprehensive assessments of consumers, using a collaborative approach to how individualised care plans are developed with consumers and their representatives. Staff are using validated clinical assessment tools to identify risk and inform service delivery, with consumers determining how their care and services are delivered. The Assessment Team reviewed care plans which evidence external service provision being utilised where appropriate to ensure appropriate care is delivered. Policy and procedures sighted by the Assessment Team guide initial and regular re-assessment and documentation supported this occurring which enables staff to work in partnership with consumers.

Consumers said they are active participants in developing their care plans to reflect their current needs, preferences, and goals. Consumers confirmed information had been provided on advance care directives at commencement and electronic care documentation reflected these arrangements were in place for many consumers. Staff were knowledgeable of individual consumers goals and described how they measure progress on this over time when reviewing consumer care plans. The Assessment Team evidenced examples of this in practice within care plan documentation.

The service demonstrated it involves consumers and where appropriate, their representatives. Management described policies, process and documentation reviewed confirmed that the service engages external specialists with appropriate consumer consent, to inform and work collaboratively in care planning and towards the health and wellbeing of consumers. Care documentation is regularly updated to enable safe and effective care and services. Consumers said they are supported to make decisions on who they engage with outside the service, and staff are proactive approachable in facilitating this.

Consumers and their representatives said consumers’ care planning documentation is communicated to them and they have ongoing access to this. Staff described how they access and update care plans in a timely manner to facilitate safe and effective care. Policies and procedures identify for staff how to communicate assessment outcomes and incident reporting, and documentation reviewed evidenced this being undertaken.

Documentation reviewed demonstrated that the service is reviewing care plans at regular intervals when there is a request or when adverse events occur. Information obtained was confirmed by the Assessment Team to guide service provision and staff strategies on care delivery. Consumers said their plans and services are regularly reviewed to ensure they meet their current needs.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers said they are satisfied the care they receive. The service described how they adhere to best practice strategy through referral to external clinical and allied health professionals. Staff identified their focus is the health, safety and wellbeing of the consumers, which was evidenced in examples provided by consumers and their representatives detailing appropriate clinical care, personal care and in management of neurological conditions in line with care plans. Staff demonstrated knowledge around restrictive practice policy, and that alternate strategies were evidenced in care documentation. Training registers confirmed staff were trained in minimising restrictive practices.

The service demonstrated it actively manages high-impact, high-prevalence risks for consumers. Staff use validated clinical assessment tools to identify risk and were able to demonstrate knowledge of how individual risks impact specific consumers. Documentation showed that referral to external allied health and other specialist services occurs and informs mitigation strategies for each consumer. Staff were able to describe policy and procedure in the reporting, trending, and analysing of incident data for continuous improvement through multidisciplinary staff meetings.

Consumers said the service discusses end of life planning with them. Management advised discussions include advanced care planning, and family are contacted if required to ensure cultural preferences are recorded and enacted. The service refers to external agencies for palliative support and end of life care for consumer comfort.

The service described the importance of roles and responsibility in recognising and reporting changes in consumer presentation. Consumers detailed how staff identify changes in the condition and what they do in response. Management identified the role of staff and the importance of progress notes and observations whilst caring for consumers. Documentation evidenced staff recording changes in consumer physical conditions and timely actions being taken to investigate and resolve the issue.

Consumers and their representatives said consumer care plans are regularly reviewed, and they are satisfied with continuity of care. Staff said information about consumers care and service needs enables them to perform their roles effectively is communicated in a timely manner. Documentation reviewed by the Assessment Team showed consumer representatives are informed of incidents involving consumers promptly. Care plan documentation evidenced consumers who receive treatment in hospital and have changes in their condition is communicated to staff responsible for their continuity of care.

The service demonstrated appropriate referrals to external providers occurs when appropriate. Consumers and their representatives provided examples of referral to allied health specialists, and for reassessment of service classification upon changes in care needs. Management confirmed consumers are provided with information regarding external health providers and are welcome to utilise external services if they choose to do so. Care documentation reviewed by the Assessment Team evidenced timely specialist, clinical referral and regular follow up for collaborative care.

Management and staff described the management of infection related risks using personal protective equipment, hand hygiene and training on effective infection preventions control measures including Covid-19 screening of consumers prior to entering their home. All staff have access to training through online learning platforms. Whilst management identified clinical governance framework including antimicrobial stewardship policy, it acknowledged consumers were not provided information on appropriate use of antibiotics and made an undertaking to include this in the service’s continuous improvement plan.

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

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers said they are supported by the flexible delivery of services to remain independent, achieve their goals and live the way they wish to live which improves their wellbeing and quality of life. Staff were knowledgeable about consumers’ individual preferences, and this was appropriately reflected in care plans. Management described providing safe environments for consumers to allow them to participate at their own pace and choosing.

Staff described how they support consumers’ emotional and psychological wellbeing and provided example of positive outcomes. Consumers said the spiritual support provided by the service was important to them and helped them to engage and connect with others. Management described how they support consumers with mental health concerns by engaging external services. Care documentation evidenced emotional, spiritual and psychological needs and preferences are recorded to inform service delivery.

Consumers said the service facilitates their pursuits of the individual interests both within the service environment and in the wider community. Staff were able to describe consumer interests and what mattered to them as well as how they help them remain connected to their community. Management described how they help consumers maintain their personal relationships and provided examples of this. The service uses social wellbeing programs to engage and connect consumers through social activities. Care documents included information on consumer interests, previous occupations, and hobbies to assist staff rapport and planning.

Staff said that they receive consumer updates and changes regularly via their service mobile phone before each service and also discuss what will be provided and report any changes. Staff described the importance of keeping consumer information confidential. Consumers confirmed that they don’t have to repeat instructions for the delivery of their care. Management confirmed that consumer care and service delivery instructions is shared between staff by multiple means. Documentation reviewed by the Assessment team supported effective internal communications systems.

The service refers outside of the organisation where appropriate to other services to address the needs of consumers. Consumers provided example of how the service has helped them to resolve issues and concerns of things important to them. Staff are knowledgeable about the process of referring consumers to other services and documentation reviewed verified this.

Consumers said equipment provided by the service was suitable and met their needs. The service engages allied health professionals to assess and then supply equipment based on the recommendation. Staff described removing damaged equipment from service, documenting this via hazard forms and escalating the matter as necessary. Staff said that they are trained in the use of specialist equipment and management confirmed that equipment provided is tailored to the specific needs of individual consumers.

It is noted the service is not funded for meals delivery, therefore requirement 4(3)(f) was not assessed.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The environment provided at the service was observed to be welcoming and easy to navigate. Consumers said they were satisfied the service environment was safe and promoted their inclusion. Staff described greeting consumers with a smile and in their native language where possible. Observations confirmed staff were welcoming and engaged consumers. Consumers were observed to enjoying themselves and participated readily in activities and social interactions.

The Assessment Team observed all service environments being free of hazards such as trips and falls risks. Consumers were observed moving freely throughout service areas at assessed locations. The environment was clean and well maintained. Consumers said the service environment is always clean and did not raise any concerns. Staff described how they would report issues to management if identified. Management said daily staff cleaning schedules are in place as well as a frequent external contracted services for deep cleans. The Assessment Team observed the front door at the services dementia specific location was locked for security reasons and raised with management who confirmed that consumers and their representatives had been spoken with at onboarding, discussing the circumstance and informed consent forms signed for attendance at this location. It is noted that no consumers, their representatives, or staff identified concern with this circumstance. The possible review was identified for management and is detailed in Standard 8.

Staff demonstrated and observations confirmed furniture, fittings and fixtures are safe, cleaned and maintained. Consumers said furniture is available to suit their needs including wheelchairs. Infection control measures were in place at the entry to the service environment. Staff were observed adhering to hand hygiene procedures. Management said unsafe equipment is removed from the service environment and recorded in the service incident management system.

Based on the information summarised above, in particular that consumers and their representatives provided informed consent in relation to the locked front door at the dementia specific facility, and consumers and their representative did not express concern or dissatisfaction in relation to the arrangement, coupled with their overall satisfaction, I find the provider, in relation to the service, compliant with all Requirements within Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and their representatives confirmed they are aware of the process and where to find information on how to provide feedback and complaints, as well as feeling comfortable to do so. Staff described how they support consumers to make complaints. Management explained how the service provides opportunity to consumers for feedback and complaints. Management noted the service has a consumer advisory group which is also able to receive these. The service welcome pack was sighted to contain information on feedback on complaints. Observation by the Assessment Team identified places where consumers could physically lodge complaints and feedback, which the service records on the complaints register.

Staff demonstrated an understanding of how to advocate for consumers. Consumers and their representatives said they are aware of external complaints mechanisms. Management said interpreter and advocacy service information was contained in the service welcome pack including assisting consumers with language difficulties which was confirmed via observation from the Assessment Team.

Consumers and representatives who identified as having made complaints said they were satisfied with the action taken by the service. Staff were able to describe open disclosure processes which included apologising to those affected. Management described systems and processes which required prompt acknowledgement of complaints made, review, and updates on the actions taken provided to those who lodged the feedback and complaints. A review of the services complaints register by the Assessment Team confirmed complaints are handled promptly and those involved kept informed as appropriate action is taken.

Consumers and their representatives expressed confidence the service would resolve feedback and complaints made to their satisfaction. Management described, and documentation confirmed, the service is using feedback and complaints for improving service delivery. Information within feedback and complaints is trended, analysed and reported on to service committees and the board. Management was able to describe focus areas the service has identified for improvement and the process in which they were doing so including regular review of subcontracted services to ensure they meet expectations. The services continuous improvement plan documentation was sighted to incorporate feedback and complaints information.

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

# Standard 7

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

Findings

Consumers and their representatives said staff are punctual when delivering consumer’ care and services. Overall satisfaction with staffing was evident through consumer and representative interview, which would indicate staff numbers are sufficient. Management described staff retention strategies and how the service identifies staffing and service shortfall. Other mechanisms to ensure sufficient staffing were described such as review of staff ratios, predictive recruitment strategies, staff support and mandatory training. The service had no missed shifts in the month prior to the Quality Audit, however management advised in the event of staff absence, it informs consumers and follows their preference as to how the service is replaced or rescheduled.

Staff were described by consumers and their representatives as kind, caring supportive and respectful. Management said they seek regular feedback from consumers about staff. Consumers and representatives’ complaints information identified nearly all staff and volunteers were respectful of consumers identity and culture. The service complaints register information contained reports of a volunteer being rude to a consumer. The Assessment Team reviewed documentation which confirmed the service was noted apologised to the consumer, and ensured the concerns were appropriately addressed.

Consumers and their representatives are confident in the ability of the services workforce. Staff said they feel supported and most described routine performance assessment occurring annually at a minimum with training available to staff throughout the year. Management described competency matrices and recruitment activities which occur against this. Mandatory orientation training and Police checks are in place for all roles.

Staff receive ongoing training and support to enable them to perform their roles. Management described thorough recruitment processes that include qualification checks and buddy systems for new staff. The service has a training institute which delivers training to areas of need and areas identified by staff performance appraisals. Management said that where required specialist training services are utilised in addition to free resources.

Most staff said they have participated in performance management discussions. Management said this occurs regularly for all staff, in addition to also using other sources of information such as feedback and complaints to inform training and development. Management advised staff performance appraisals are used to ensure that each staff member is meeting the role requirements and gaps are identified and addressed as needed. The Assessment Team reviewed performance appraisal staff documentation which evidenced management statements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers form part of consumer advisory groups and meet multiple times during the year. Meeting minutes for this group were sighted by the Assessment Team and included discussions on areas of need for Home Care consumers for continuous improvement. Consumer surveys were also reviewed and were noted to be run by external agency with a reported 94% consumer satisfaction result for 2023. The service described using the results of the survey to inform areas for service improvement. The Assessment Teams review of the continuous improvement plan confirmed it is informed by consumer feedback and actions taken to address concerns and make improvements to service delivery.

The service board is informed by a clinical subcommittee and members of the board have a broad range of experience. This includes several clinical and health practitioners, members with backgrounds in finance, law, and business as well as a member with lived experience in the aged care sector. The service demonstrated they have oversight of the new aged care reforms and provide guidance to service management.

Staff and consumer interviews evidenced the service has effective information management systems in place to enable it to deliver effective care. The service demonstrated through continuous improvement plans and meeting minutes they proactively seek opportunity for development. Financial systems of governance were described by staff, with management oversight identifying appropriate service provision, financial viability, and unspent funds. Staff described awareness of roles and responsibilities, robust training systems and performance appraisals mostly occurring. Recruitment strategies are well informed to ensure workforce continuity. The service’s board are members of regulatory bulletins and peak body groups to remain abreast of regulatory reform and industry changes. Consumer advisory groups, feedback and complaints inform the services continuous improvement plan through data trending and analysis.

Risks were observed by the Assessment Team to be appropriately assessed, managed, and mitigated where possible, allowing the consumer to have dignity of choice and decide how they engage with risk. The services clinical governance committee has oversight of identified risks and informs the broad service approach. Consumers are encouraged to live their best life, and the service individualises care and service delivery and communicates any changes effectively within and to external services where appropriate. Staff are appropriately trained to identify and response to consumer changes and concerns and this was evidenced throughout the Quality Audit.

The Assessment Team identified environmental restraint at a dementia specific facility in the context of security of consumers, and management described informed consent and restrictive practice assessment documentation being completed and signed by all consumers and their representatives engaged in this environment during the onboarding process. The service also made an undertaking to review and determine how it could better promote a restraint free environment as part of continuous improvement. During the Assessment Teams audit, the service also noted opportunities for improvement of their antimicrobial stewardship processes, including these for review and improvement. The service reviews clinical and service delivery data, to identify areas for service development and incorporates this into their continuous improvement process.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements within Standard 8 Organisational governance.

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)