Amaroo Community Care Services

Performance Report

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| **Address:** | 65 Dorothy Street GOSNELLS WA 6110 |
| **Phone:** | 08 9490 3899 |
| **Commission ID:** | 500109 |
| **Provider name:** | Amaroo Care Services Inc |
| **Activity type:** | Quality Audit |
| **Activity date:** | 5 July 2022 to 8 July 2022 |
| **Performance report date:** | 5 September 2022 |

# Performance report prepared by

G. McNamara, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

**Services included in this assessment**

**Home Care:**

* Amaroo Community Care Services CACP, 19081, 65 Dorothy Street, GOSNELLS WA 6110

# Overall assessment of Service

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 29 July 2022.

# STANDARD 1 Consumer dignity and choice

# HCP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The service was able to demonstrate each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers and their representatives said staff treat them with respect and they are provided with dignity when care and services are delivered.

The service was able to demonstrate care and services provided are culturally safe. Staff understand what it means to deliver culturally safe care and they were able to describe what this means in practice. The service considers and supports consumers cultural needs and preferences when providing care, in consultation with the consumer and representative.

Consumers and their representatives are supported to exercise choice and independence. Consumers confirmed they are able to discuss their choices and who they would like to be involved in discussions about their care and services. The service documents decisions about others involved in decision making. Staff provided examples of where they support consumers to make choices and remain connected and maintain current relationships

Each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and staff respect the decisions they make. Staff described how they support some consumers to take risks and to do things important to them.

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

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service demonstrated they have effective systems in place to protect consumers personal information, including where information is being shared between multiple parties involved in the delivery of care and services.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |
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|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |
|  |  |  |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |
|  |  |  |

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

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

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| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |
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### *Each consumer is supported to take risks to enable them to live the best life they can.*

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |
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*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed confirmed:

* They are involved in the development of the care plan developed in consultation with the care manager. They are provided with an opportunity to meet with registered nursing staff and allied health professionals to ensure the consumers’ needs and preferences have been captured and include care and service to optimise their health and well-being.
* They are provided an opportunity to share their goals and preferences and this information is included in the partnership care plan.
* They can discuss their specific care needs or preferences with staff at any time and changes to the care plan reflect this.

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer strategies to reduce the risk to the consumer were noted to be included in the care plan.

The service has processes in place to support consumers to identify their specific gaols and preferences with the information clearly outlined in the care plan. Staff demonstrated an understanding of the need to understand what is important to each consumer to ensure care and services are delivered in accordance with each consumer’s personal preferences.

The service demonstrated that assessment, planning and review of the consumer’s care and services are based on ongoing partnership with the consumers and generally include other organisations or individuals involved in the provision of consumer care and services. The service has processes in place to support consumers to access external service providers, sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information.

#### The outcomes of assessment and care planning are communicated to consumers and documented in their care plans to guide staff to effectively deliver care and services.

Processes are in place to ensure care and services plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference.

The Quality Standard for the Home care packages service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Assessment of Standard 2 Requirements**

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| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(b) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(c) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(d) | HCP | Compliant |
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*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.*

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| Requirement 2(3)(e) | HCP | Compliant |
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*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.*

# STANDARD 3 Personal care and clinical care

# HCP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

All consumers and representatives interviewed consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and representatives interviewed confirmed they are provided timely personal and clinical care that is safe and provided in the manner they have requested.
* Consumers and representatives confirmed they have access to appropriate clinical and other specialists to manage their complex health needs including when there has been an incident affecting them.
* Consumers reported they see other health specialists, including a physiotherapist, occupational therapist or podiatrist.

Documentation reviewed and interviews with staff confirm there is regular assessment and planning of each consumer’s clinical and personal care. Care plans are updated following an incident or decline in health.

Care plans demonstrate each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being.

The organisation has policies and procedures that support the workforce to deliver care that meets the consumer’s needs, goals and preferences.

The service demonstrated the systems and processes they have in place to manage risk and to provide personal and clinical care. Strategies are developed to minimise the effect and number of risks for consumers including the use of equipment, workforce training and the service environment.

Staff described individual consumer’s needs and preferences, and how they are informed of changes to each consumer’s care. Staff also identified high prevalence risks for individual consumers and strategies in place to minimise these risks.

Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service demonstrated they work with consumers to identify individuals, organisations or providers that can deliver care, services and supports to better meet the consumer choices such as allied health, hearing, dental or specialised therapy services.

Policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. A COVID-19 management plan is available to all staff. While the service does not currently collect data on antibiotic use or practices to promote appropriate antibiotic prescribing, the organisation has effective processes in place to minimise the risk of infection to the consumers.

The Quality Standard for the Home care packages service is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Assessment of Standard 3 Requirements**

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| Requirement 3(3)(a) | HCP | Compliant |
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*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.*

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| Requirement 3(3)(b) | HCP | Compliant |
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*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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| Requirement 3(3)(c) | HCP | Compliant |
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*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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| Requirement 3(3)(d) | HCP | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |
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*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.*

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| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |
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*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

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| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives interviewed were satisfied that they receive safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, wellbeing and quality of life. The service has processes in place to identify and record those consumer needs, goals and preferences.

The service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing. Consumers and representatives said staff know them and provide them with appropriate support where required or observed.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. Consumers confirmed they are supported to do things that are of interest to them and maintain relationships in the community and at home.

The service has processes in place to ensure that information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility is shared. Staff are able to access information about consumer’s needs and preferences from the paper record available in the consumers home and updates from the consumer’s coordinator. The service has commenced a transfer of information to a mobile application on each support worker’s phone. The service demonstrated how they communicate with other community and support services and how it is recorded on the consumer’s care records.

The service demonstrated there are timely referrals to individuals, other organisations and providers of care and services. Consumers and representatives are satisfied with the services and supports delivered by those the consumer has been referred to.

The service demonstrated where equipment is provided it is safe, suitable, clean and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs.

The Quality Standard for the Home care packages service is assessed as Compliant as six of the six applicable requirements have been assessed as Compliant.

**Assessment of Standard 4 Requirements**

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| Requirement 4(3)(a) | HCP | Compliant |
|  |  |  |

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |
|  |  |  |

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

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Not Applicable |
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*Where meals are provided, they are varied and of suitable quality and quantity.*

The service does not provide meals therefore this requirement is Not Applicable..

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

# STANDARD 5 Organisation’s service environment

# HCP Not Applicable

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

The service does not provide a service environment therefore this Standard is Not Applicable.

# STANDARD 6 Feedback and complaints

# HCP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service demonstrated they encourage consumers and their representatives to provide feedback and make a complaint. Consumers and representatives were able to provide examples on how a complaint is made. Staff were able to demonstrate how feedback or raising a complaint can be made. The service has policy and process to guide staff in supporting feedback and complaints. Staff are provided education on the complaint process.

The service demonstrated they provide information to consumers and representatives to have access to language services, advocates and other options for resolving complaints. Information is provided to both consumers and representatives in the form of brochures and the home care agreement at the commencement with the service.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is followed. Consumers and representatives were satisfied their concerns are being addressed. Staff demonstrated awareness of how to manage a complaint and the documentation used. Policy and processes are available to guide staff including how an open disclosure approach is used.

The service demonstrated that feedback and complaints raised are reviewed and used to improve the quality of care and services. Examples were provided showing changes have been made when issues are raised by consumers and representatives.

The Quality Standard for the Home care packages service is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |
|  |  |  |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |
|  |  |  |

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

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |

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

# STANDARD 7 Human resources

# HCP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The service demonstrated that the workforce is planned to enable the number and diversity of staff to deliver safe and quality care and services. Consumers and their representatives said there are adequate staff to provide care and services. The service brokers its allied health and other maintenance services. Regular monitoring of staffing varies based on consumer’s needs or preferences.

The service demonstrated staff communicate with consumers and their representatives in a kind, caring and respectful manner and are respectful of each consumer’s identity, culture and diversity. Consumers said staff demonstrated respect and were encouraged to report where this may not have happened.

The service demonstrated that staff are competent and have the necessary qualifications and knowledge to effectively perform their roles. Management monitor competency through feedback and complaints from consumers and representatives, observation of practice and through discussions at meetings. The service has a buddy system where newcomers work with experienced staff to ensure they receive comprehensive training. Job descriptions describe competencies, responsibilities and experience required for each role. Processes are in place to make sure that staff are competent and have sufficient and relevant training. Brokered staff are also monitored for competencies.

The service demonstrated the recruitment process is values driven to fit with the service’s vision and staff are trained to deliver outcomes which in turn assists in providing quality care and service for consumers. The service provided examples for training and education including elder abuse, working with people who are living with dementia and assisting staff with operating equipment. Staff are recruited through a process and complete an induction program prior to commencing with delivering services. Staff are provided ongoing and up-to-date training based on consumer needs, feedback and complaints that are raised. There are processes in place to monitor training such as a buddy system and also management meetings and performance reviews of staff on a regular basis.

The service demonstrated staff performance is monitored and there are opportunities for staff identified through one on one meetings and where feedback has been provided. A performance framework is put into place and performance management completed where identified through feedback, incidents, monitoring and complaints.

The Quality Standard for the Home care packages service is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

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| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |
|  |  |  |

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

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| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |
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*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

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| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |
|  |  |  |

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

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| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |
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*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |
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*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers said they are involved in the development, review and evaluation of their services. The service encourages feedback through all their processes with consumers and representatives. Consumer and representatives are able to identify and ask for preferred external providers to deliver their care and services. Staff said the service is well run and while there have been changes in the management structure, they feel supported by their management team.

The service demonstrated the service’s management promote a culture of safe and inclusive and quality services and is accountable for its delivery. The service reports to an organisational Board through the general manager and the Chief executive officer. Reporting occurs to the general manager and Chief executive officer.

The service has systems in place to ensure there is policy, processes and reporting structures for information management, financial reporting, workforce governance, regulatory compliance and feedback and complaints

While the service has implemented improvements at the service it is not using its improvement plan to record these improvements. The service is not following the process set out in its organisational continuous improvement policy.

The service demonstrated it has processes to identify and understand high impact and high risk for consumers with guidance on strategies to support consumers including to maintain independence and live their best lives. Staff have awareness of elder abuse and incident reporting which is reported and followed up

The service has a clinical governance framework in place which guides staff and sets out responsibilities, accountabilities and how the organisation will deliver safe and quality care and services for consumers. There has been an organisational leadership role to manage COVID-19 responses including the education, communication and response to any COVID-19 outbreak.

The service has an open disclosure policy and staff use this approach in resolving complaints or where an incident has occurred.

The service was not able to demonstrate that it has specific home care policy and processes in place to guide staff in antimicrobial stewardship and minimising the use of restraint. Staff interviewed said they have not received education on these policies and processes.

The Quality Standard for the Home care packages service is assessed as Non Compliant as two of the five specific requirements have been assessed as Non Compliant.

## Assessment of Standard 8 Requirements

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

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |
|  |  |  |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

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| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |
|  |  |  |

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

Findings

The service has systems in place to ensure there is policy, processes and reporting structures for information management, financial reporting, workforce governance, regulatory compliance and feedback and complaints.

However, the service is not following its continuous improvement policy and process. While the service is implementing improvements the improvement plan is not being updated to reflect improvements have been identified and actioned.

Management said continuous improvements are identified through feedback, suggestions, incidents, audits and information provided through industry peak bodies and government, and the managing coordinator was able to provide numerous examples of improvements which have been implemented over the past six months.

Review of the service’s continuous improvement policy and process provides guidance on how improvements are identified and then actioned including recording the improvement on the improvement plan and then evaluation once implemented which has not been completed.

During the Quality Audit Management advised the Assessment Team that this was due to so many improvements having been identified and acted on, and that it would be addressed.

In its written response the approved provider stated that improvements had been and continued to be undertaken, but acknowledged that these were not included in its continuous improvement plan. It provided its updated continuous improvement plan and noted there had been 75 improvements in recent years as evidenced by that plan.

I acknowledge these improvements and the approved provider’s engagement with the issues. However, I consider these improvements will take time to become embedded and for the approved provider to demonstrate sustainability of these improvements.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

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| Requirement 8(3)(d) | HCP | Compliant |
|  |  |  |

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Not Compliant |
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*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.*

Findings

The service has a clinical governance framework in place which guides staff and sets out responsibilities, accountabilities and how the organisation will deliver safe and quality care and services for consumers.

However, the service was not able to demonstrate that it has specific home care policy and processes in place to guide staff in antimicrobial stewardship and minimising the use of restraint. Review of the organisation policies provided relating to minimising the use of restraint and antimicrobial stewardship showed they have been written in a residential context and not the community.

The service was unable to demonstrate that staff have awareness or understanding of their role in relation to antimicrobial stewardship in the community. The service does not have specific education provided to staff on the minimising of use of restraint in the community and what this might look like. In addition, while the service follows up individually on incidents it is not using clinical data collected to trend and analyse incidents to provide opportunities for further education and strategies to prevent reoccurrence.

During the Quality Audit Management advised the Assessment Team they were going through all policies and process as part of a review to identify where there needs to be a contemporary update for a community setting. This included use of a web based product to ensure this will be completed effectively.

In its written response the approved provider submitted evidence of the improvements it was implementing, including a suite of policies and procedures contextualised to the community setting, relevant education to staff and a system for tracking such education. It also evidenced how systems improvements will enhance insights and trend analysis in clinical governance and Board reporting.

I acknowledge these improvements and the approved provider’s engagement with the issues. However, I consider these improvements will take time to become embedded and for the approved provider to demonstrate sustainability of these improvements.

I find that at the time of the Quality Audit the approved provider was Not Compliant with this requirement.

# 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.

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| 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.*

In relation to continuous improvement.

|  |  |  |
| --- | --- | --- |
| 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*

In relation to antimicrobial stewardship and minimising the use of restraint.