**Performance**

**Report**

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| Name: | Ardent Care Services Pty Ltd |
| Commission ID: | 201476 |
| Address: | 189 Old Kent Road, GREENACRE, New South Wales, 2190 |
| Activity type: | Quality Audit |
| Activity date: | 24 September 2024 to 25 September 2024 |
| Performance report date: | 14 December 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9914 Ardent Care Services Pty Ltd  
Service: 28203 Ardent Care services

**This performance report**

This performance report has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 24 October 2024

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – implement an effective system to ensure assessment and planning, includes consideration of risks to consumer’s health and well-being and informs delivery of safe and effective care/services.
* Requirement 6(3)(d) – implement an effective system to ensure feedback and complaints are reviewed and used to improve quality of care and services.
* Requirement 7(3)(d) – ensure the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.
* Requirement 8(3)(b) – ensure an effective governing body promotes a culture of safe, inclusive, quality care and services and is accountable for delivery.
* Requirement 8(3)(c) – implement effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback/complaints
* Requirement 8(3)(d) – implement effective risk management systems and practices
* Requirement 8(3)(e) – Implement an effective clinical governance framework.

Implement effective self-monitoring systems to identify/respond to deficits in compliance.

# Other relevant matters:

Ardent Care Services is a home care service in Greenacre, west of Sydney in New South Wales. The service supports consumers receiving funding under the National Disability Insurance Scheme (NDIS) and commenced Home Care Packages (HCP) in 2002. At the time of audit 35 consumers received HCP across levels 1-4. Services are subcontracted regarding allied health (podiatry, physiotherapy, and occupational therapy,) nursing, garden maintenance, lawn mowing and home modifications. Two directors support services (one managing HCP) and an operations/case manager plus 12 employed support workers. The services does not supply meals – as such requirement 4(3)(f) was not assessed and Standard 5 was not assessed as services are not provided within a service environment.

When approached by the assessment team consumers preferred interviews occurred with their representatives, therefore feedback within this report is from representatives on behalf of consumers.

# 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

Requirement 1(3)(d) – Interviewed representatives gave feedback on behalf of consumers. They consider consumer wishes and preferences relating to risk are respected and supported. Support workers demonstrate knowledge of general risks and mitigation strategies regarding mobility aids/support and Management demonstrates support regarding choice of risk. However, case managers note a lack of process to documented risk assessments to guide staff in care delivery/mitigation strategies for consumers participating in bus outings. Documents for two consumers who participate in regular bus outings, detail both are non-mobile, previously experienced falls, require wheelchair access, and one experiences swallowing difficulties. Risk assessments regarding incident/mitigation strategies relating to lack of mobility and swallowing difficulties has not been conducted when these consumers are participating in outings organised by the service. In their response, the provider advised of conducting risk assessments for individual consumers, plus a risk assessment for use of bus transportation resulting in tailored precautions/support during transportation to ensure staff awareness of individual needs in the event of an incident. In making my decision, I have considered the intent of this requirement to support consumers in taking risks to enable them to live the best life they can, and consider the service demonstrates this. The issue in relation to lack of risk assessment to ensure consumers safety is considered in requirement 2(3)(a). I find requirement 1(3)(d) is compliant.

I find the remaining requirements in this Standard are compliant.

Representatives’ express satisfaction consumers are treated with dignity and respect, their identity, culture, and diversity respected, and choices supported. Case managers and support staff demonstrate communicating in a respectful manner and valuing cultural backgrounds and receive training relating to this. Documents detail information relating to culture and case managers were observed to demonstrate respect during telephone interactions. Representatives expressed satisfaction of care delivery and staff awareness of individual needs. Case managers and support staff described methods of providing culturally safe services including respecting cultural/religious beliefs, and staff of same nationality/cultural background/language provide care/services.

Representatives consider staff respect consumers decisions/choice to involve family/friends and connect with others. Case managers and support staff demonstrate awareness of consumers participation in the community, outings and religious ceremonies. Processes ensure services as per consumer’s choice. Representatives advised receipt of current/accurate and timely information communicated in a clear and easily understood manner, including via electronic application. Information in varying languages is available if required and documents are securely maintained. Representatives consider consumers privacy is respected, and personal information confidentially maintained, noting examples of privacy during care provision.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

Requirement 2(3)(a) - Representatives consider consumers receive care and services as needed and staff have awareness of their needs. Case managers advised initial assessments are conducted with consumer/representative involvement resulting in documented health information, psychosocial background, functional requirements, and a plan of care. Support workers acknowledge receipt of relevant information via an electronic portal and availability to contact Management for additional information. Policies and procedures guide staff in assessment/care planning processes and documents include risks related to medical status, mobility, vulnerability, and home safety. However, the assessment team note a process to ensure comprehensive assessment of clinical risk to inform delivery of safe/effective care does not exist for all consumers, nor staff training in relation to gathering this data. Via review of two consumers documents the assessment team note, lack of a behaviour management plan for one consumer exhibiting unmet behaviours, lack of a diabetic management plan and lack of clinical risks/mitigation strategies for one consumer’s complex clinical care. Information to guide staff in relation to non-response when accessing a consumer’s home is not consistently captured, plus lack of risk assessment regarding incident/mitigation strategies for two consumers while participating in outings. A process to ensure use of validated clinical assessment tools by registered nurses (RN) is not evident.

In their response, the provider advised action plans to conduct risk assessments for individual consumers, including risk assessment for use of bus transportation to guide staff of individual needs in the event of an incident. Plus, implementation of behaviour/diabetic management and clinical care plans, staff training and employment of an RN. In consideration of compliance, while I accept the providers plans to address these deficits in the future, I find requirement 2(3)(a) is not compliant.

I find the remaining requirements in this Standard are compliant.

Interviewed representatives advised services meet consumers’ needs and preferences, including requirements for staff speaking consumer’s preferred language and accommodating preference for staff gender. Most support workers speak Arabic and demonstrate awareness/sensitivity to cultural needs, knowledge of care plan directives, and issues of importance regarding care delivery. Care plans reflect individual goals and preferences. Most representatives consider cultural inappropriateness to discuss advance care or end of life wishes in detail and/or share associated documents, Management advised offering discussions to occur by choice. Representatives consider consumer’s quality of life and independence is maximised by enabling them to remain living at home.

Representatives acknowledge involvement in decision making, choices reflected in documents and consider case managers respond to requests/queries in a timely matter. Management explained the process to gain regular feedback includes daily communication with consumers/representatives. Documents demonstrate capture of feedback in care plan creation, and involvement of a contracted nursing service in care planning. Most representatives advised receipt of a documented care plan, and explanations by case managers and/or allied health professionals. Support workers note while comprehensive care plan directives are not accessible via mobile devices, access to information is available from an electronic system. The assessment team note while on bus outings support workers have access to consumer profiles, not comprehensive care plan directives. Management advised planned action to ensure full availability of information for all required staff. Representatives gave positive feedback regarding receipt of information when changes to care and/or scheduled services occur. Management explained processes of regular review by care managers.

# 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: i) is best practice; and  ii) tailored to their needs; and  iii) 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

Requirement 3(3)(a) - Most representatives expressed satisfaction with quality of personal/clinical care provided by subcontracted RNs, noting consumers feel safe during delivery and care meets individual needs. Documents (including reports from allied health professionals) demonstrate directives tailored to individual needs. Service employed staff provide personal care and clinical care is outsourced to subcontracted registered nurses (RN). A process ensures case managers monitor care by regularly seeking consumer/representative feedback after service provision. Support workers demonstrate familiarity with individual personal care needs and consideration of safety. Policies/procedures reference best practice.

Management advised restrictive practices are currently not required and staff training regarding this has not occurred. While representatives note use of bed rails to support consumers’ mobility/falls prevention post occupational therapist assessment, use of mechanical or chemical restrictive practice is not required. Management advised one consumer is currently prompted by staff in relation to medication management. Health summaries are not utilised as a component of admission processes although Management advised of plans to access these during initial assessment activities. One consumer requires catheter care support and representative feedback is positive. Documents do not include medical directives regarding management, however a subcontracted RN advised communication with medical specialist and/or hospital in relation to this. Documents do not contain details of care provision as advised by the RN. In consideration of compliance while acknowledging lack of some documentation the lack of risk assessment/management plans is considered in requirement 2(3)(a) as consumer impact is not evident. I find requirement 3(3)(a) is compliant.

I find the remaining requirements in this Standard are compliant.

Case managers conduct regular meetings/discussions regarding individual consumer health and management of the risk. An effective incident reporting process is not in place [considered in requirement 8(3)(d)]. One consumer did not receive medications due to absence from their home. Documents contain details of the incident however an incident report was not completed to prevent reoccurrence and/or notify Management who advised processes to review/evaluate management of risks is in development. Management advised the service is not currently providing care to consumers requiring palliative or end of life care (and has not previously done so). Policies and procedures are available to guide staff, however staff training has not occurred. Management advised planned implementation of processes to ensure recognition of consumer’s needs, goals and preferences and enhance staff knowledge.

Representatives consider support workers are competent, and they are confident recognition/escalation of deterioration/change in health would occur in a timely manner. Support workers described processes for communicating changes and documents align. Representatives expressed satisfaction staff have awareness of consumer’s individual needs; changes are communicated across the organisation and timely referrals occur when needed. Documents demonstrate appropriate referrals to relevant health professionals. Support workers demonstrate knowledge of consumers current needs, noting access to the electronic system and contact with case managers. A process ensures regular contact with external providers however a process to ensure information is consistently recorded is not evident.

Representatives consider staff demonstrate appropriate infection prevention practices. Policies guide staff who receive education/training. Staff demonstrate knowledge of minimising infection related risks and use of personal protective equipment. However, while staff vaccination records are maintained, consumer vaccination status is not available to support workers when attending consumer’s homes. Management advised ensuring this information is available. Medical officers liaise directly with consumers/representatives regarding use of antibiotics.

# 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

Representatives expressed satisfaction services and supports for daily living meet consumers’ needs, and they receive safe support to maintain independence, well-being, and quality of life. Staff demonstrate thorough knowledge of daily living activities. Management explained partnership with consumers/representatives in creation of care plans detailing preferences, interests, social, cultural, and spiritual needs and traditions of importance reflective in documents.

Representatives described services/supports promote consumers’ emotional, spiritual, and psychological well-being noting consumer satisfaction of connection/engagement in activities. A process ensures initial assessment when consumers commence services resulting in care plan directives. Examples includes provision of an extended visit to provide emotional well-being for one consumer and support to regain interest in socialisation/outings for another.

Consumers are supported to participate in their community, participate in social activities and maintain relationships. Most representatives’ express satisfaction the service proactively supports consumer participation. Representative express satisfaction support workers have awareness of consumers needs and are confident information is shared in a confidential manner. They note regular communication occurs relating to changes.

The service demonstrated timely and appropriate referrals to other organisations and providers of care/services. Documents evidenced collaboration with external providers to support consumers diverse needs, including referrals to occupational therapists for supportive equipment and funding requests relating to increased care needs resulting in improved outcomes. Representatives advised consumer satisfaction of safe, appropriate, and well-maintained equipment.

# 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. | Not Compliant |

Findings

Requirement 6(3)(d) - Interviewed representatives advised they (and consumers) consider satisfaction with care and services. The service did not demonstrate a system of capturing/reviewing/trending complaints nor using feedback/complaints to identify/inform improvement activities. Management advised plans to capture/record complaints advising future development/implementation of a new governance structure (at Board level) to review/trend/action complaints. In their response, the provider advised of planned actions to address this issue. In consideration of compliance while acknowledging positive feedback relating to care and plans to implement a complaints system, currently the service cannot demonstrate an effective system to ensure feedback/complaints are reviewed and used to inform/improve quality of care and services. I find requirement 6(3)(d) is not compliant.

I find the remaining requirements in this Standard are compliant.

Representatives consider consumers are encouraged and supported to provide feedback and make complaints, noting case managers explain processes during initial assessment discussions/meetings. Support workers advise communicating consumer/representative feedback to Management. Representatives consider they (and consumers) did not require advocacy support as preference to utilise family members as advocates and staff ability to communicate with consumers in their preferred language. Representatives expressed satisfaction of support workers from the same cultural background/language resulting in successful communication and responsive action when advising of concerns. Case managers explained required processes to address feedback and documents demonstrate responsive action. Management advised and documents demonstrate lack of receipt of formal complaints. Staff receive training relating to offering an apology in response to dissatisfaction and reporting concerns to Management. While the concept of ‘open disclosure’ is not known by staff the service demonstrates application of this process. Management advised planned training relating to principles/concept of open disclosure.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(d) – Recruitment processes ensure staff suitability and staff acknowledged receipt of orientation/induction includes and education/training. Documents demonstrate staff provision of policy/procedures relating to many topics of the Quality Standards and a process ensures staff confirmation of understanding. An effective method of determining training requirements and a method of ensuring staff suitability against legislative banning orders does not exist however Management advised immediate implementation to occur. Management advised the workforce has not received training relating to some topics including serious incident reporting scheme (SIRS), elder abuse, incident management, restrictive practice, code of conduct, open disclosure, or antimicrobial stewardship. The assessment team bought forward evidence incidents are not consistently reported. In their response, the provider advised of planned action to introduce a comprehensive training program to ensure staff have understanding/awareness of Quality Standards. In consideration of compliance while cognisant some education/training occurs, the service did not demonstrate an effective process to ensure a trained workforce equipped/supported to deliver all outcomes required by the Quality Standards. I find requirement 7(3)(d) is not compliant.

I find the remaining requirements in this Standard are compliant.

Representatives gave positive feedback regarding staff and care/services received. A case manager advised of ensuring alignment of skill/experience with consumer’s needs, including cultural background and language preferences. A process informs staff of consumer’s requirements and support workers access profiles via mobile phones. The service director and operations manager manage cases, and an administration worker/bookkeeper assists with financial functions. Management advised sufficient staff to undertake required shifts and a process to ensure staff continuity. A process ensures consumers/representatives receive notification when support workers are late for services and representatives expressed satisfaction on behalf of consumers. Nursing services are currently subcontracted however Management advised plans for future RN employment. Representatives advised they (and consumers) consider managers and staff to be kind, caring and respectful and support workers described methods of demonstrating this in care delivery. Support workers advised competency assessment conducted upon commencement and a monitoring process ensures currency of staff qualifications. Representatives consider staff to be well trained and competent. Management advised recent partnering with a human resource provider to assist with recruitment and workforce governance and processes ensure currency of staff performance. The service utilises performance assessments as a method of gain opportunities for improvement.

# 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. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management. 2. continuous improvement. 3. financial governance. 4. workforce governance, including the assignment of clear responsibilities and accountabilities. 5. regulatory compliance. 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers. 2. identifying and responding to abuse and neglect of consumers. 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not 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. | Not Compliant |

Findings

Representatives consider they (and consumers) are engaged in care/service delivery via multiple methods of feedback. Formation of a Consumer Advisory Board (CAB) has not occurred.

Requirement 8(3)(b) - Management advised promotion of safe, inclusive quality care occurs by ensuring staff values align with the service’s mission, staff skills align with consumers needs and regular communication between managers, staff, consumers, and representatives. However, development of an advisory Board or governing body has not occurred; an effective process of clinical assessment does not exist nor a process of clinical oversight of subcontracted clinical staff. Management acknowledged required improvement to incident management systems and need for increased clinical oversight/expertise. In their response, the provider advised of planned actions to implement effective systems. I acknowledge these planned actions these so not currently exist. I find requirement 8(3)(b) is not compliant.

Requirement 8(3)(c) – The service did not demonstrate effective organisational wide governance systems in all aspects of this requirement. An external company manages digital information management needs and password protected access to electronic systems monitors security. Via review of documents the assessment team note fragmented storing of information within differing areas. Support workers have limited access to consumer information via mobile phones and Management advised plans to enable enhanced access. Development of a documented continuous improvement plan is pending. A process ensures monthly itemised statements are sent to consumers and unspent funds are monitored. A service-related budget does not exist. A process to ensure staff are reviewed against legislative data to determine suitability prior to employment does not exist. Management advised a process exists for notifications from the Commission regarding legislative requirements/changes. Systems to ensure staff receive training relative to aspects of aged care legislation does not exist, as a result staff have not received training relating to SIRS, restrictive practices, open disclosure, or antimicrobial stewardship within the Quality Standards. The organisation’s feedback/complaints system supports consumers and representatives to provide feedback, however a system to capture/record feedback/complaints to inform/improve quality care/services does not exist. In their response, the provider advised of planned actions to implement effective systems. I acknowledge planed actions however these do not currently exist. I find requirement 8(3)(c) is not compliant.

Requirement 8(3)(d) - The service did not demonstrate an effective overarching risk management system. Identified risks are monitored through management oversight to ensure immediate appropriate actions, however a system to capture/identify all risks is not effective. A process does not exist to ensure clinical assessment by an RN occurs for consumers when entering the service, nor health summaries obtained from medical officers to guide appropriate clinical care. The service did not demonstrate an effective incident management system. A process to ensure staff training/competency in incident reporting/management is not evident. While incidents are documented in consumer files, the service did not demonstrate clinical review and/or investigation to identify cause and implementation of strategies minimise/prevent reoccurrence. Management acknowledged required improvements to the incident management system. In their response, the provider advised of planned actions to implement enhanced data reporting/management systems and analysis of incidents. In consideration of compliance, I acknowledge planned actions to address these issues however these do not currently exist. I find requirement 8(3)(d) is not compliant.

Requirement 8(3)(e) – The service did not demonstrate an effective clinical governance framework. Management acknowledged the need for increased clinical oversight advising planned development of a clinical framework aligned to a new governance structure. An effective system of clinical oversight for subcontracted clinical care does not exist. A system to ensure staff awareness/knowledge of the concept of open disclosure, restrictive practice and antimicrobial stewardship does not occur. Management advised of future staff training. In their response, the provider advised planned actions include employment of a registered nurse and implementation of an effective clinical governance framework. I acknowledge planned actions however the service does not demonstrate this currently occurs. I find requirement 8(3)(e) is not compliant.

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