**Performance**

**Report**

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| Name: | ARRCS Darwin Region |
| Commission ID: | 600020 |
| Address: | 1 Willaroo Street, TIWI, Northern Territory, 0810 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6871 Australian Regional and Remote Community Services Limited  
Service: 17907 ARRCS - Community Care Darwin  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7463 Australian Regional and Remote Community Services Limited  
Service: 24760 Australian Regional and Remote Community Services Limited - Care Relationships and Carer Support  
Service: 24759 Australian Regional and Remote Community Services Limited - Community and Home Support

**This performance report**

This performance report for ARRCS Darwin Region (**the service**) has been prepared by J Renna, 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; 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 did not submit a response to the Quality Audit report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 described how consumers are treated with dignity and respect and how the service recognises and values each consumer’s identity, culture and diversity. Staff described how they ensure consumer dignity is respected, including respecting privacy when providing personal care. Management described, and documentation confirmed, that staff received online training in dignity and respect and have access to relevant policies on consumer engagement. Observations confirmed staff and management interactions with consumers is inclusive, respectful and personalised.

Consumers said staff understand their needs and preferences and deliver services with this in mind. Staff demonstrated an understanding of consumers’ cultural backgrounds and described how they ensure services reflect consumers’ cultural needs and diversity. Management discussed a team dedicated to providing support and cultural training to staff to support consumers who identify as Aboriginal and Torres Strait Islanders. Documentation confirmed all staff are required to undertake Aboriginal and Torres Strait Islander cultural appreciation training.

Consumers and representatives said the service involves them in making decisions about consumers’ services and they can choose activities in which to participate, with social connections recognised. Staff confirmed consumer choice is central in decision making and consumer are involved in the planning of activities. Management described, and documentation confirmed, consumers being actively involved in activities and services they receive.

Consumers spoke of being aware of risks and felt supported by the service in their choice to take risks. Staff displayed an understanding of how to support consumers to take risk. Management described the service’s approach to dignity of risk and how they support consumers to live the best life they can, referencing the dignity of risk assessment. The service has policies and procedures to guide staff to support consumer choice including a risk management policy and risk assessment forms.

Consumers and representatives confirmed they were provided with timely and relevant information, including monthly statements. Staff said the Charter of aged care rights and Quality Standards information is provided to all consumers. Management advised, and documentation reviewed confirmed, the service supports consumers to understand information provided, including through advocacy and interpreting services if required. The consumer welcome pack and handbook contain information about the services offered.

Consumers and representatives are confident consumers’ privacy is respected. Staff said they only have access to relevant information about consumers and can only access further information through management approval. Consumers are asked to consent to disclosure of their information before referrals are made and/or information is shared with other organisations. The service has policies and procedures to guide staff on privacy requirements and staff are trained in processes to keep consumer information confidential.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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

Consumers and representatives confirmed consumer assessments are completed, their care and services needs are discussed and are planned to meet their health and well-being needs. Staff described how they assess consumer needs and risks at commencement of service and through ongoing reviews. Management described, and care planning documents confirmed, assessment and planning processes use validated tools to identify individual risks for consumers, including identifying high or complex needs, high-impact and high-prevalence risks, levels of mobility, physical, emotional and mental well-being and dignity of risk circumstances. Care planning documents confirmed these processes and tools are being used, including the completion of a validated falls assessment tool for all consumers, leading to more comprehensive assessments when indicated.

Consumers and representatives confirmed assessment and planning processes identify consumers’ current care and service needs, goals and preferences, including discussions about advance care planning. Management described how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services while considering their budget. Care planning documents showed needs, goals and preferences had been discussed with consumers and documented, including advance care directives.

Consumers confirmed they are involved in planning and making decisions about their care and services. Staff and management described how consumers and their representatives are involved in assessment and planning of care and services where consumers wish this to occur. Staff described how they communicate with others who are involved with care and services, including general practitioners, allied health professionals and specialists. Documentation reviewed by the Assessment Team confirmed involvement with others the consumers wish to be involved, including representatives and other professionals.

Consumers and representatives confirmed the outcomes of assessment and planning have been communicated to them. Staff confirmed the information included in care plans is current, accurate and includes enough information to enable them to complete their tasks effectively. Management confirmed care plans are developed with consumers and/or their representatives and are stored as a hardcopy in a folder within each consumer’s home as well as where service is provided. Documentation reviewed confirmed services are discussed and planned with consumers and documented in the care plan.

Consumers and representatives confirmed care and services are reviewed regularly and as required. Staff described how reviews are completed face to face with the consumers within their own homes and that consumers’ review dates are recorded in the electronic care management system and monitored by support coordinators and managements. Management confirmed reviews are conducted when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. The Assessment Team reviewed a report which details care and services annual review dates and relevant reasons why some reviews were overdue.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in 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 and representatives confirmed consumers receive personal and clinical care tailored to their needs and preferences and the care optimises their health and well-being. Staff provided examples of care provided to consumers which is tailored to each consumer’s health and well-being needs and reflects best practice. Management provided examples of care reflecting best practice in relation to wound care, medication management and falls prevention. Care planning documentation demonstrated personal and clinical care is documented in care plans based on each consumer’s assessment and provides detailed instructions to staff to support consumers’ needs, goals and preferences.

Consumers and representatives confirmed they can remain safely at home with the support of their care and services. Staff are familiar with high-impact and high-prevalence risks and could describe management strategies in place. Management discussed regular meetings and clinical meetings which are held to discuss and monitor consumers of concern or with high-impact or high-prevalence risks. All consumers with a clinical need are monitored by the clinical team and are reviewed on a regular basis including full reviews of medication for those receiving assistance with medications. Care planning documents showed complex health needs are documented, with strategies to address high risk needs included to guide staff.

Staff and management stated the service has not been involved with the care of consumers nearing end of life. Staff demonstrated how they would respond to support the consumer’s needs and goals if the situation arose, through established referral pathways, provision of aids and equipment and personal care as required. Management described how they would liaise with the consumer’s general practitioner and engage external palliative services to provide required palliative needs. Care planning documents showed advance care directives are discussed with consumers and outcomes are documented within the care plans.

Some consumers and representatives described how the service responded to the consumer’s health change. Staff described the processes to report and respond to changes related to a consumer’s health and well-being and confirmed they had received training. Management described training provided to support workers to identify acute changes in consumers and provide early intervention by reporting to their coordinator. Documentation reviewed showed evidence of identification and actions taken when consumers’ health changed or deteriorated, including follow up monitoring through case management.

Consumers and representatives confirmed they generally do not need to repeat information about consumers’ needs and preferences. Staff said relevant information about individual consumer’s care and services are documented and communicated through care plans available at the consumer’s home. Staff said consumer notes are documented electronically and in the consumer’s home folder. Staff described attending weekly clinical meetings where consumer cases are discussed amongst clinicians to share information and seek advice if needed for consumers. Care planning documentation reviewed showed comprehensive care plans including individualised care and services instructions and progress notes, with evidence of communication within the service and with others as required.

Consumers and representatives confirmed consumers have been referred to health professionals when required. Staff and management provided examples of referring consumers to other health professionals within the service as well as externally to other health professionals. Care planning documents reviewed showed evidence of timely and appropriate referrals.

Consumers and representatives stated staff keep consumers safe with the use of personal protective equipment, cleaning and COVID-19 testing. Staff and management described the service’s processes for minimising risk of infection, including policies, procedures and education. Staff confirmed they have completed relevant training and undertake health screening processes at commencement of their shift. Staff and management confirmed they have access to personal protective equipment. Documentation reviewed including evidence of staff infection prevention and control training and vaccination and organisational policies and procedures.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives are satisfied that services provided optimise the consumer’s independence, well-being and quality of life. Staff provided examples of how they optimise consumer health, well-being and quality of life while ensuring they meet the consumer’s needs, goals and preferences. Staff described how needs, goals and preferences are identified and discussed through initial assessments. Management described, and care planning documentation confirmed, goals, needs and preferences are discussed during care plan reviews and services provided are tailored to individual consumers to optimise their quality of life.

Consumers and representatives said they are supported to live independently through varied services they receive. Staff and management demonstrated services provided to consumers are tailored to their needs, goals and preferences. Management described how needs and preferences are discussed with consumers and services provided are tailored to optimise the consumer’s quality of life. Care documentation reviewed showed evidence of services and supports for daily living promoting each consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives described how services enable consumers to participate in their community and maintain relationships. Staff described how they encourage and support consumers to access and participate in their community. Management stated they have connections with other social groups within the community to which they actively refer consumers, offering activities which are meaningful and make the consumer feel connected within their community. Documentation reviewed showed evidence of consumers being supported to participate in their community and maintain relationships and do things of interest to them.

Consumers and representatives confirmed they are satisfied that information about consumers services is shared within the service and with others involved in their service provision. Staff and management described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated. Management stated that information about a change of a consumer’s needs, preferences and condition is communicated to staff through various mechanisms, including through updated care plans. Documentation reviewed confirmed communication within the service and with others as required.

Some consumers and representatives described examples of referrals to other organisations and providers. Staff described processes to refer consumers internally and externally. Care planning documentation evidenced examples of referrals to allied health professionals and other external services.

Consumers and representatives confirmed consumers enjoy the food provided, there is plenty to eat, and they are provided with choice. Staff and volunteers demonstrated they know each consumer’s dietary needs and preferences. Management and staff stated consumers have a meal preference form completed which includes allergies, likes and dislikes and meal size preference. This information is reassessed at the consumer’s annual review. Documentation reviewed showed evidence of comprehensive details about meal preferences. Staff were observed providing choice of meals for consumers with allergy lists displayed clearly in the kitchen.

Consumers and representatives confirmed equipment provided was assessed by allied health professionals and they were satisfied it is safe and suitable. Staff described how consumer equipment needs are assessed by allied health professionals and supplied in line with their recommendations. Documentation reviewed showed evidence of referrals to allied health services for assessments and examples of servicing/maintenance of supplied equipment.

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

# Standard 5

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| Organisation’s service environment | | HCP | 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

Consumers confirmed they found the service environments to be welcoming and easy to navigate. Staff described how they ensure consumers feel welcome and how they are encouraged to socialise with others. Staff described how the service environment uses signage to enable consumers living with dementia to use the environment. Observations confirmed consumers are helped to feel welcome and encouraged to socialise.

Consumers and representatives confirmed they feel safe and comfortable when attending the service environments, and stated the service environment is safe, clean and easy to move around both indoors and outdoors. Staff explained how to submit a maintenance request and how to follow up any concerns and described processes to ensure the service environments are safe, clean and well maintained. Documentation reviewed showed the service has maintenance reports and up to date vehicle maintenance and servicing logs.

Consumers expressed satisfaction with the fittings and equipment provided. Staff and management described processes to ensure service equipment is safe, clean and well maintained. Observations showed fittings, furniture and equipment is safe, clean and operating functionally. The service has cleaning processes in place. Documents shows the service has reactive and preventative processes in place to ensure the service environment and equipment is safe, clean and maintained.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in 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

Most consumers and representatives stated they have not needed to make a complaint but, they know how to provide feedback and make complaints. Staff and management described how they support consumers to provide feedback and make complaints. Staff discussed a consumer survey used by the service to obtain feedback and suggestions for improvement. Complaints records show consumers and representatives provide feedback on their services.

Most consumers and representatives stated they had received information about external methods for advocacy services. Staff state they are aware of translating and interpreting services and external complaints avenues and would support consumers to raise concerns through relevant complaint mechanisms. The Assessment Team observed information on display was only in English. Management said the service will provide information relating to advocacy and translating services in languages other than English. No risk was identified to consumers.

Consumers and representatives stated the service acts on feedback and those who have lodged a complaint were satisfied with the investigation, communication and resolution of the complaint. Staff clearly identified the procedures relating to complaints and how to escalate the issue. Staff could define open disclosure and how it would be used when handling complaints. Management stated staff undertake mandatory training in feedback and complaints and open disclosure. Training records confirmed staff attendance in these training modules.

Staff and management described how consumers’ feedback and complaints inform continuous improvement. Management evidenced how the service tracks and trends complaint data and could identify the main complaint trends for the service. The continuous improvement plan contains entries related to improving how the service handles feedback and complaints, including the allocation of complaints to management to oversee and close complaints as well as identifying appropriate training for staff.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in 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 representatives said they are satisfied the staff generally arrive on time and are provided enough time to complete their tasks. Rostering staff demonstrated how the rostering program has inbuilt prioritisations for service types and staff are rostered accordingly. Management described how workforce planning is ongoing and numbers of staff and skill mix are reviewed regularly. Consumer service schedules reviewed showed services are allocated to regular staff where possible. The service has business rules to guide leave planning and rostering.

Consumers and representatives confirmed staff are kind, gentle and caring and they feel safe and respected by staff during delivery of care and services. Staff described how they treat consumers with respect through matching service requests to meet each consumer’s needs and preferences and considering their cultural values. Staff and management were observed to be kind, caring and respectful when communicating via telephone with consumers and when interacting in the service environment.

Consumers and representatives expressed general satisfaction that staff are competent and can effectively perform their roles. Staff stated the service assesses their competency through experience/qualifications, face to face competency training and online training modules. Management said they determine if staff are competent and capable through reviewing experience and obtaining certifications of qualifications and up to date probity checks. Compliance with mandatory training is monitored and tracked and clinical competencies such a medication assistance and hand washing competencies are conducted face to face by clinical staff through an annual review.

Staff confirmed they have attended induction training and the service has online learning modules and mandatory training is provided at induction and reviewed annually. Staff expressed general satisfaction that training they receive is enough to support them to do their job. Management discussed the service’s suite of mandatory training modules, including online and face to face competency training. Staff compliance with training is monitored. Management ensures staff are informed of regulatory changes through meetings, memoranda and newsletters. Documentation showed evidence of staff completing relevant and required training, with relevant information presented in staff newsletters, meeting minutes, staff induction schedules. There is a staff skills matrix in place.

Consumers and representatives provided mixed feedback about how the service seeks their input in relation to the performance of staff, however, no impact was described to indicate deficits in relation to Requirement (3)(e). Staff said they have participated in the service’s staff performance review process. Coordinators discussed how they request consumer and representative feedback about staff performance during phone contacts and regular reviews. Management discussed feedback from consumers and staff performance reviews have informed content for a staff workshop. The service has established a process to monitor and review staff performance.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in 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 and representatives said they can provide feedback and input into the development and provision of their care and services through providing feedback by speaking with staff and/or management. Staff discussed how they seek input from consumers and their satisfaction on the operation of the service. Management said feedback and complaints are analysed for continuous improvement opportunities. The service has a consumer engagement forum planned for January 2024 and have completed a formal consumer satisfaction survey. The Assessment Team reviewed a survey conducted by the service, which provided benchmarked summaries for opportunities for improvement.

Management discussed the service’s approach to monitoring clinical care through monthly key performance indicator analysis. These indicators are reviewed by the clinical governance and risk committee and included in an end of month report to the governing body with commentary about trends and actions. The service maintains a register of consumers living with risk and a vulnerability register identifies consumers who require additional support during major weather events such as cyclone, bushfire and flooding. Documentation reviewed showed the promotion and delivery of safe, inclusive care is evident at all levels of service delivery, staff development and management of the service.

Interviews with consumers, staff and management showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance, regulatory compliance and feedback and complaints.

There are systems and practices in place to ensure effective management of high-impact and high-prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The service has a clinical governance framework incorporating various clinical care considerations with links to current policies and procedures relating to the use of restraint and the use of open disclosure. However, the framework document does not refer to antimicrobial stewardship. Staff confirmed they completed training to support their understanding of restrictive practices and infection prevention and control. Position descriptions and the clinical governance framework provide clarity of clinical roles and responsibilities.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

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