**Performance**

**Report**

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| Name: | Banksia Villages Home Care |
| Commission ID: | 201082 |
| Address: | 65 Heath Street, BROULEE, New South Wales, 2537 |
| Activity type: | Quality Audit |
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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: 395 Banksia Villages Ltd

Service: 22889 Banksia Villages Home Care

**This performance report**

This performance report for Banksia Villages Home Care (**the service**) has been prepared by Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 1 December 2023.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers and representatives interviewed said that care staff treated them with respect. Interviews with care staff, and progress notes made by care staff, show that they are knowledgeable about consumers’ diversity and this influences the way they provide care to consumers. Care plan documentation reflects consumers’ different identities, cultures and life experiences. The service’s training records show that all staff completed online training in April 2023 for ‘Dignity and Respect’ and ‘Maintaining Professional Roles and Boundaries’.

Consumers interviewed did not identify any instance of services provided by care staff that were not culturally safe or that they were not comfortable with. Care staff and management showed an awareness of consumers’ cultural identities. The service’s training records show that all staff have completed online courses for ‘Culturally Inclusive Support’, ‘Culturally Inclusive Care’, and ‘LGBTI Inclusion and Awareness’. The service has policies and procedures which outline the service’s commitment to providing consumer care whilst respecting each consumer’s interests, customs, beliefs, and cultural and ethnic backgrounds. Care plans also contained details about consumers’ cultural identities.

All consumers interviewed said that they can make decisions about what types of services are provided and how these are delivered. Care staff said that consumers can make choices about the way they would like services provided. The service’s progress notes show that the service communicates with consumers by email, phone or in person in a way that supports consumer choice. Care plan documentation also contained details about consumers’ representatives, such as family members, whom the consumers nominated should be involved in their care.

Consumers interviewed said that they have the freedom to live how they want. Care staff interviewed demonstrated awareness of the importance of respecting consumer’s choices and risks. The service’s records show that all staff have completed online training for ‘Individual Choice and Decision-Making’. The service’s ‘BCC – Risk Taking’ document outlines the service’s acknowledgement that consumers can engage in activities that pose a risk of injury and against the advice of the care employees and in such cases consumers are to sign ‘Risk Acknowledgement Forms’ which record the discussion the service has had with the consumer about potential risks.

All consumers and representatives said that they are provided with information about their home care packages, such as budgets and monthly statements, and that they understand these documents. Written documentation provided to consumers and observed by the Assessment Team contains relevant information about home care package inclusions and exclusions that is expressed clearly. The Assessment Team identified that consumers’ queries are responded to very quickly with concise and relevant answers that resolve the consumers’ queries.

All consumers and representatives interviewed stated that there were no instances where they felt that the service breached their privacy or confidentiality. Staff were also able to demonstrate an understanding of the importance of respecting consumers’ privacy and confidentiality. The service has policies relating privacy and confidentiality, such as the ‘Privacy & Confidentiality Procedure’, which outlines the service’s procedures and policies with respect to data privacy legislation and the permissible disclosures of sensitive personal information.

The Approved Provider did not provide a response to the Assessment Team’s report in relation to Standard 1. Based on the information in the Assessment Team’s report I find Standard 1 fully compliant.

**Standard 2**

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service has assessment and planning processes where they conduct the assessment in home that feeds into the care plans. Through the Quality Audit, all consumers who were interviewed had a current care plan, which included an assessment tool that demonstrated the service considered the risks to each consumer's health and well-being. The care plan informed how to deliver each consumer safe and effective care and services.

Consumers and representatives interviewed by the Assessment Team confirmed that staff discuss their current needs, goals and preferences. This includes what services would meet their needs on their current package level and if sufficient funding is available. Where they need more funding, they discuss the best options for care and services that meet each consumer's goals and preferences. All consumers and representatives interviewed confirmed the service had discussed advance care planning and end-of-life planning, if the consumer wishes to discuss.

The service demonstrated how they include others in the assessment, planning and review and when representatives are to be involved in their care. This includes organisations where the provider communicates to ensure each consumer assessment and planning is a holistic assessment and plan.

Outcomes of assessment and planning are effectively communicated to the consumers and documented within their electronic system, and in hard copy at the consumers home to ensure it is available for care workers, management and consumers and/or representatives to review. Consumers and representatives who were interviewed were aware of the outcome of the assessment and planning through their in-house files within their homes. Consumers and representatives said the service explains their care plans and the services they are receiving.

The service reviews all consumer's care plans on a regular basis. Further reviews are triggered when a consumer has deteriorated or had a significant event, such as a fall or hospital transfer. While there is no policy on care planning guiding the service when to conduct these reviews, it was evident from consumers, care workers, care coordinators and senior clinical managers that this was their process.

In the response from the Approved Provider they stated that, as an improvement item, a policy will be developed to ensure their practices of tracking reviews due is supported with a formal policy. In the Plan for Continuous Improvement submitted with the Approved Provider’s response I note that a care planning policy has been developed and is currently with the policy working group for review for full implementation in December 2023.

Based on the information in the Assessment Team’s report and the response from the Approved Provider I find Standard 2 fully compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives interviewed were satisfied with the personal care they were receiving and said it is tailored to their needs. Services for personal care are provided and optimise the consumer's health and well-being. The service is not currently providing any consumers with clinical care, though it does have policies and procedures for when it is required with a registered nurse on staff to review wounds or complex care needs if required.

The service was able to demonstrate effective management of high-impact risks with care of each consumer. This includes risks of falls and isolation for those living out of town. The service has processes in place to try and mitigate these risks for each consumer. Care coordinators were aware of the consumer's high-impact or high-prevalence risk associated with the consumers to whom they provided care and services.

The provider currently has no consumers being managed for end-of-life care. Care workers who were interviewed could provide details of what they would do if they recognised changes in a consumer. Management said they have not had any consumers needing care as nearing the end of life for a long time, however, they would contact the family and follow their end-of-life directives as required.

All care workers and co-ordinators interviewed could describe how they would respond to consumers who were deteriorating or experiencing changes in the consumers mental health, cognitive physical functions in a timely manner. Management provided details of all staff receiving a basic information booklet as a reference guide on noticing consumer changes. Evidence was sighted by the Assessment Team of the service responding appropriately to a consumer who was deteriorating.

Care workers record consumers' needs in electronic notes, which the care coordinator reviews for changes in conditions, needs or preferences. This is communicated by staff via the consumer's care plan and changes identified to relevant staff and third-party providers.

The service uses processes to ensure referrals to other services are done in a timely and appropriate manner. Care workers told the Assessment Team that when they notice the requirement for additional services such as podiatry, they will make an electronic care note and contact the office to advise that the consumer needs their nails trimmed. This also occurs when the consumer requests a clinical appointment with the nurse. After review by the nurse, referral to other providers is actioned, where deemed necessary.

The service has processes in place to minimise the risk of infection to consumers. Consumers said staff wash their hands and believe they use hand sanitiser when entering their home. The service conducts regular training with staff through their mandatory training to minimise the risk of infection. Staff could describe how they use gloves when completing tasks in a consumer's home and change their gloves between cleaning and personal care.

The service does not manage medication to reduce the risk of resistance antibiotics or promote appropriate antibiotic prescribing. All medications are managed by consumers and/or their representatives alongside the medical practitioner however, the service can facilitate a review of medication with the consumer pharmacy if the consumer requests this.

The Approved Provider did not provide a response to the Assessment Team’s report in relation to Standard 3. Based on the information in the Assessment Team’s report I find Standard 3 fully compliant.

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

Findings

All consumers interviewed said that they were satisfied with the quality of social support and transport services provided and most consumers said that they were satisfied with the quality of domestic services provided. Consumers’ needs, goals and preferences are reflected in their care plans and care staff interviewed displayed knowledge of this.

Consumers and representatives interviewed told the Assessment Team that the service has been very effective in supporting consumers’ emotional and psychological needs which has, in turn, improved their quality of life. Consumers’ social, emotional and spiritual needs are outlined in their care plans. The service’s policy document supports consumers in accessing pastoral services as the need arises.

Consumers interviewed provided very positive feedback in relation to the service supporting them to engage in social activities that are relevant and interesting to them. Consumers also provided positive feedback about how social and transport services provide a level of convenience that allows them to participate in social activities they otherwise would not engage in without the services. Care workers interviewed were able to describe the importance of social activities for consumers and the personal interests for other consumers. Care plans accurately reflected consumers’ preferences for social activities and their interests.

Information about consumers’ condition, needs and preferences is communicated between staff and throughout the organisation. Progress notes show all in person discussions, phones calls, and emails are recorded in the service’s information system. Care workers interviewed told the Assessment Team that they have iPads with them during their shifts and any progress notes about consumers’ condition or preferences are made during the shift, with the notes being uploaded onto the service’s information system. These notes are then accessible by management. Third parties who provide services to consumers on behalf of the service also communicate with the service about consumers’ changing circumstances and these are recorded as notes in the service’s consumer information systems.

The service makes timely and appropriate referrals to third parties to provide services and supports for consumers, such as OT therapists, gardeners and maintenance, physiotherapists, and massage therapists. Consumers and representatives said that the service is very good at organising services through third parties and that these referrals are done expeditiously.

All consumers interviewed who received food delivery services told the Assessment Team that they were satisfied with the quality and variety of the frozen and prepared meals organised through the service and provided by third parties.

Consumers interviewed told the assessment team that they acquire various equipment through their packages, such as walkers, recliner chairs, shower mats, and mobility scooters. Progress notes on the service’s information system show that the service ensures that equipment provided is assessed for safety and suitability; repairs and maintenance are scheduled; and replacement items are organised when necessary.

The Approved Provider did not provide a response to the Assessment Team’s report in relation to Standard 4. Based on the information in the Assessment Team’s report I find Standard 4 fully compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

All consumers and representatives interviewed said that they feel comfortable making a complaint or providing feedback about the service. Furthermore, all consumers and representatives, apart from one, told the Assessment Team that they have not had a reason to complain about the service. All care workers interviewed by the Assessment Team were aware of the importance of reporting consumer feedback. The service’s consumer information system was reviewed by the Assessment Team, and it shows that all consumer contact and feedback, whether in person, by phone or email, are accurately captured in progress notes.

The service ensures consumers are made aware of and have access to advocates and other services for raising and resolving complaints. As outlined above, all consumers and representatives interviewed told the Assessment Team that they are aware of the methods for providing any feedback or making complaints.

The service ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. A consumer who made a complaint in the past said they she was satisfied with how the service resolved the complaint and how the service communicated with her. The service’s ‘Procedure: Open Disclosure’ policy states that actions of staff and management should be guided by and be consistent with the ‘Key Principles’ of open disclosure. One consumer provided about feedback/complaints she has about the service. Although none of these feedback/complaints are in the complaints register, they are outlined in progress notes in the service’s consumer information system and/or management is aware of them.

The Assessment Team found the service did not successfully demonstrate that all feedback and complaints are captured in the system for managing complaints and feedback which impacted the services ability to trend issues and identify issues requiring quality improvement. For some complaints recorded on the complaints register there was no information as to how the complaint was resolved or what the future action would be to improve services.

The Approved Provider, in their response, indicated that there was a need to more clearly link consumer feedback and complaints with the complaints register and the service’s plan for continuous improvement and they have taken immediate action to address this. The Approved Provider successfully demonstrated that, whilst there was an omission in including a complaint in the register, this did not prevent it being successfully dealt with. Furthermore they provided an explanation for why another issue identified by the Assessment Team did not appear to have been dealt with in the service’s documentation.

Given the very small numbers of complaints received; the very responsive nature of the Approved Provider to dealing with complaints and making the necessary quality improvements; and that the Approved Provider has taken action to more clearly link consumer feedback and complaints with the complaints register and the service’s plan for continuous improvement I find Requirement 6 (3)(d) compliant.

Based on the information in the Assessment Team’s report and the response from the Approved Provider I find Standard 6 fully compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

All consumers and representatives interviewed said staff always arrive when expected and have sufficient time allocated to complete the scheduled care and services. Staff interviewed reported that there was enough time allocated for them to effectively undertake the tasks. The rostering manager said there have been no unfilled shifts in the last month. The rostering manager demonstrated how they utilise the available consumer details including preferences, exclusions and the qualifications/skills of the care worker to ensure the right staff are rostered for each shift to meet the needs of the consumer.

All consumers and/or representatives interviewed provided positive feedback in relation to staff treating them in a kind, caring and respectful manner.

All care workers have undertaken training in dignity and respect; culturally inclusive care; code of conduct and aged care quality standards (as per the services training records). All care workers interviewed could describe individual consumers preferences, background and what was important to them. Care workers spoke about consumers in a kind and respectful manner and office staff were observed speaking kindly to consumers over the phone.

All consumers and/or representatives interviewed said care workers and office staff are competent and know what they are doing.

Management said they ensure care workers are suitably qualified during the recruitment process with referee checks undertaken, proof of relevant qualifications (minimum Certificate III or working towards it), police checks and assessment of care workers during buddy shifts. The Assessment Team sighted evidence of staff qualifications, police checks and competency statements for care workers. The Assessment Team sighted position descriptions for care workers and care coordinators. All care workers interviewed said they were provided with a comprehensive induction when starting at the service. The service currently subcontracts gardening, maintenance and allied health services. The Assessment Team reviewed several subcontractor agreements and all were in date except one – an occupational therapist (OT) service provider. Management became aware of the discrepancy when the Assessment Team requested the agreement. The service provided an action plan to address the discrepancy while the Assessment Team were on site. The Assessment Team was satisfied there was no risk to consumers identified and recommended that Requirement 7(3)(c) was compliant. The Approved Provider, in their response, indicated that the service agreement that was found to be out of date was a ‘one off’. The Provider also indicated that a move to an automated database from a manual system and a subcontractor policy is being developed to avoid such issues occurring again.

The Assessment Team sighted the mandatory training as well as other face to face and online training offered. The training register demonstrated all staff were up to date with their training at the time of the Assessment.

All care workers interviewed described how the service supports them in their role and said they are encouraged by their supervisors to identify additional training they may need. Most consumers and/or representatives said they are often asked for feedback on the performance of staff who provide care and services for them. All care workers interviewed said they had completed a performance review within the last 12 months. One support worker said when they commenced at the service they had a review a few months after starting. All care workers said they had an opportunity to discuss any future training and development opportunities during the review.

Management said they are not currently managing any staff performance issues. The Assessment Team sighted evidence of performance review completions and all staff have had a review completed in the last 12 months.

Based on the information in the Assessment Team’s report and the response from the Approved Provider I find Standard 7 fully compliant.

**Standard 8**

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

All consumers and/or representatives interviewed said they can provide feedback at any time, and they feel comfortable doing so. They are asked for input on the delivery of care and services, and this occurs regularly through annual surveys and through their care coordinators. Management said a recently developed consumer engagement committee allows consumers and/or representatives to discuss new strategies and provide input to the overall operations of the service. In addition, the service has recently sent out invitations for an inaugural consumer engagement forum to be held on 17 November 2023. The forum is an opportunity for consumers to provide feedback directly to management and the board over morning tea.

The Assessment Team sighted minutes from board meetings from the previous three months. The minutes demonstrated that the board has clear oversight of care and services and is accountable for their delivery. The service has four subcommittees which includes representatives from the board: finance and risk management, planning and development, clinical governance, and consumer engagement committees. The board member interviewed said the board received comprehensive reports each month which included information such as staffing, incidents, feedback, finance, training, policies and procedures, strategic planning, etc. and described the boards’ strong involvement in the strategic direction and oversight of the delivery of care and services. The board member said they reside locally, and consumers will provide feedback directly while they are out in the community of which they take to the board for consideration. The Assessment Team sighted consumer newsletters which included information from management regarding changes to legislation such as HCP guidelines and reforms.

The service has information management systems in place that include an electronic client management system (including rostering), mobile applications for staff to use while in the field and paper files. Consumer information is maintained electronically. All computers and mobiles devices are password protected and the client management system has various access levels to ensure staff can only access information that is relevant to their position. Staff complete privacy and confidentiality training and the Assessment Team sighted the records management policy which guides staff in best practice for storage, security and management of information.

Management stated that continuous improvement opportunities were identified through incidents, complaints/feedback, staff, and service-identified initiatives. An example of some improvement measures include: ensuring relevant staff complete safe food handling training, review of consumer handbook, code of conduct training, feasibility of new accommodation for office staff, etc. The service has a monthly PCI meeting that is attended by the CEO and leadership team to address PCI’s and drive progress. The Assessment Team sighted the minutes of the September 2023 meeting and all new items discussed at the meeting were reflected in the PCI. The board has oversight of the PCI and is discussed at each meeting.

The governing board is provided with financial reports prior to the monthly meetings. The board member said the financial reports are comprehensive and are adequate to ensure the board has good oversight. The service has a finance and risk management sub-committee that report directly to the board. The finance reports provided to the board were sighted as detailed and included a breakdown on HCP funding. The service recently had an external financial audit and there were no significant recommendations for home services.

The Assessment Team sighted the organisational chart, position description for care workers, and care coordinators and care worker handbook which detailed expected behaviours. The onboarding process to recruit staff is sound and copies of qualifications, driver’s licence, insurances, and police checks were captured and maintained. A training regime is in place and staff are required to carry out annual training. Subcontracted services are in place for gardening and maintenance and allied health. All subcontractor agreements were up to date except for one allied health service which was addressed while the Assessment Team was on site. Staff performance is monitored formally, and all performance plans were sighted as current. All care workers interviewed advised they regularly engage with their supervisors and feel supported in their roles.

Management stated that there had been no adverse findings by any other regulatory agency or oversight body in the past 12 months. They reported that they had subscriptions to industry peak bodies to keep abreast of any regulatory and legislative changes. All changes in legislation are discussed at the board level and all policy changes are approved by the leadership team and the board. Staff are informed of relevant changes to legislation through memos, staff meetings and training. The Assessment Team sighted evidence of recent training for all staff in Serious Incident Response Scheme (SIRS) and the Code of Conduct.

The organisation’s feedback and complaints system supports consumers to provide feedback. The service provides many options for consumers to provide feedback and/or raise a concern, including via email, in person, phone or by paper-based form. Information is provided to consumers when they commence services on how they can provide feedback to external organisations and engage advocates if required. Feedback and complaints are discussed at leadership meetings and data is provided to the board for oversight.

The service identified falls as their high impact/high prevalent risks associated with the care of consumers. Falls risk assessments were sighted for consumers at risk of falls and strategies to minimise falls were recorded in the consumers care plan. The service demonstrated that they ensured staff could identify and respond to abuse and neglect by providing appropriate training to staff. All staff interviewed said if they did identify any sign of abuse and/or neglect they would immediately report it to the care coordinator. There have been no SIRS for home services.

The service has a centralised incident management system (IMS) which captures incidents and risks and includes SIRS. All care workers could describe what they do in the event of an incident. The IMS demonstrated that incidents are investigated and actioned quickly and are overseen by the clinical governance committee and reported to the board each month.

The service is not currently providing any clinical care to HCP consumers; however it has a clinical governance framework in place that includes policies, procedures, training and a registered nurse on staff. A clinical governance sub-committee is in place that has oversight of all clinical care.

The Assessment Team sighted the outbreak management plan which included the formation of a management team in the event of an outbreak, including clear roles and responsibilities. The service has a comprehensive infection control policy which describes appropriate precautions to help minimise infection. This included precautions in the event of caring for the consumer, environmental, laundry and food safety.

Staff could demonstrate an understanding of what is open disclosure and could describe in various ways what they would do in the event something went wrong. This included offering a sincere apology and reporting the issue to management. The Assessment Team sighted the open disclosure policy which provided a definition of open disclosure, examples of language to use, and when to use open disclosure.

The Assessment Team found that the service does not currently have guidance documents and/or policies and procedures in place regarding restrictive practices. Whilst there was no restrictive practices in place in the community and care coordinators and care workers could describe different types of restrictive practices, there was no policy to guide practice. Staff training records also demonstrated training in restrictive practices is not provided to staff. As such the Assessment Team recommended this requirement to be non-compliant.

The Approved Provider responded to the issues identified in the Assessment Team’s report. The Approved Provider acknowledged the lack of policy and staff training in relation to staff practices but pointed to the findings of the Assessment Team that staff could discuss restrictive practices and what to do if they identified their use, hence there was a system in place to manage. The Approved Provider also pointed to the fact there are no restrictive practices in place currently and that they have a strong reporting mechanisms in place through the Care Governance Committee should restrictive practices be used. The Approved Provider acknowledged the need to develop a policy and staff training. In their Plan for Continuous Improvement actions include adding restrictive practices training to the orientation package in December 2023 and ensuring all staff have completed this training by March 2023. Furthermore, a policy on restrictive practices will be developed by February 2024. Having considered the response from the Approved Provider and that there is currently no risk to consumers as outlined above I consider Requirement 8(3)(e) is compliant.

Based on the information in the Assessment Team’s report and the response from the Approved Provider I find Standard 8 fully compliant.

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