**Performance**

**Report**

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| Name: | Bankstown City Aged Care |
| Commission ID: | 200121 |
| Address: | 145 Rex Road, GEORGES HALL, New South Wales, 2198 |
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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: 1563 Bankstown City Aged Care Ltd  
Service: 17324 Bankstown Home Based Services  
Service: 17325 Bankstown Home Based Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7748 Bankstown City Aged Care Ltd  
Service: 24558 Bankstown City Aged Care Ltd - Community and Home Support

**This performance report**

This performance report for Bankstown City Aged Care (**the service**) has been prepared by A.Cachia, 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.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 1 as six of the six requirements have been found compliant.

Consumers said staff treat them with dignity and respect, with one consumer sharing how staff understand and know what activities consumers enjoy and that everyone is treated equally no matter their cultural differences. Staff explained how they treat consumers with dignity and respect, sharing how staff ensure they are in contact with consumers frequently to maintain rapport and often discuss consumers background, cultural values and identity. Management said that the organisations ethos reflects the values of respect and inclusion, which is achieved through the organisations person-centred care planning approach.

Consumers collectively shared that they did not have any cultural specific needs, however were confident the service would meet their needs if they did. One consumer advised that they often have the opportunity to speak Arabic with both staff available and many consumers, and shared how the service intentionally celebrate cultural days as part of the service’s group program. Staff explained how they delivered culturally safe care and tailored services to consumer’s individual needs, with one sub-contractor advising that they were purposefully matched with a consumer who speaks Arabic, which was based on the consumer’s family’s request. Management advised that the service utilises internal bilingual staff to support ongoing communication needs, along with access to interpreter services if the organisation requires.

Consumers said they were encouraged by the provider to actively make decisions about their care and delivery of services, and felt they were given plenty of opportunity to develop connections. Staff said a holistic approach to care planning processes is taken to include those who consumers choose to be included in their care. The Assessment Team observed one consumers’ representative heavily involved in communication with the service due to the consumer being unable to communicate for themselves due to a dementia diagnosis. Documentation included information outlining consumer relationships, support persons and representatives involved in supporting individual care needs.

Consumers are supported to take risks and provided examples of the things they are supported to do, including, multiple consumers who wished to be supported by the service to remain living at home independently and felt the service could help them do this. Staff explained how they engage in problem solving and solution focused approaches to minimising risk, including providing consumers with several alternative options to minimise risk as well as explaining consequences of the risk. Management were knowledgeable of dignity of risk principles and provided examples of supports in place to minimise risk associated with consumers’ choices. The Assessment Team reviewed processes and procedures, including the risk acknowledgement form, capturing consumer risk behaviours and choices, along with information indicating how specialist services are involved by the service, to ensure consumers were informed professionally and understood resources available to them.

Consumers and representatives said they are provided with a client information pack outlining various services available, along with a copy of the charter of aged care rights, complaints information and service agreements. Staff and management explained how they organise home visits to verbally inform consumers and representatives, as well as complete the home assessment to discuss specific services the consumer wishes to receive. Documentation provided to consumers was observed by the Assessment Team to be accessible, clear and easy to read.

Consumers and representatives said they felt their privacy was respected and personal information remained confidential, advising they had no concerns. Staff said consumer information is digitally secure through password protected mechanisms, and any paper-based information is kept in secure storage, only accessible by staff. The Assessment Team sighted the service’s policies and procedures outlining privacy principles, as well as training provided to all staff during the onboarding process.

Based on the information summarised above, 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

Documentation showed assessment and planning that included consumers’ needs, goals and preferences, and risks to their health and well-being. Consumers shared how risks to their health are considered, with one consumer advising they receive personal care and staff often check the integrity of their skin for signs of reddened areas as the consumer is at risk of pressure injuries. Staff were knowledgeable of consumers’ information by reviewing care plan instructions, and were satisfied that assessment and planning processes were effective. The Assessment Team sighted evidence of detailed care planning documentation, with considerations made to minimising skin lesions and pressure care for consumers, ensuring safe and effective care.

Consumers and representatives said that they feel the service knows and understand their needs, goals and preferences, and care plans reflect this. One consumer advised the service knows they like to wake early and cannot get out of bed without assistance, so the service ensures staff attend first thing in the morning to provide personal care. Staff said they know individuals needs and preferences and provided examples including, after providing personal care, a consumer needs help with getting ready for their day including drying and moisturising. Documentation sighted by the Assessment Team, including individualised care planning and assessments and consideration to advanced care planning. The service demonstrated providing personal care to a consumer who is under the care of a palliative care team and updated their care plan to reflect adjustments to the personal care provided.

Consumers and representatives said they are involved in developing a care management plan that meets consumers’ needs, including one representative who confirmed they had just signed a new care plan following a reassessment of a consumer with dementia, to ensure the plan was consumer centred with the appropriate support. Staff said they work in partnership with consumers by checking in with them about the services and supports they are providing, including if their needs have changed. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including allied health practitioners. The organisation has processes to inform staff if allied health report recommendations were accepted or declined by the consumer and/or representative.

Most consumers confirmed they are provided with a copy of the care plan and demonstrated a clear understanding of the contents of the plan, with two consumers unsure if they received a copy, however confident staff knew what to do to provide quality support and services. Staff described how they provide services and support in alignment with the consumers care plan, including one consumer who likes to attend a variety of social outings which is listed in their care plan instruction.

Consumers and representatives said the service consult with them regularly in relation to the care and services they receive along with seeking feedback and making necessary adjustments. One consumer experienced a choking episode at home, however the representative forgot to notify the service provider resulting in the consumer having a choking incident at the services day centre. The service quickly responded to ensure the consumer receives the support required when eating and drinking at the day centre. Management described the services processes to ensure 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. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 3 as seven of the seven requirements have been found compliant.

Care files sampled demonstrated effective management weight loss, wounds, alleged domestic abuse and falls. Staff demonstrated they were familiar with the personal and clinical care needs of consumers, including high impact or high prevalence risks associated with their care. Staff said they are supporting one consumer who requires wound care, by referring to the wound care management plan in place as well as frequent reporting, including photos of the wound. Management were knowledgeable of how the service ensures best practices by utilising evidenced-based practices, including ensuring staff have access to detailed instruction in consumer care plans and progress notes are reviewed each visit. The service maintains policies and procedures to guide staff in best practice care delivery and management of high impact or high prevalence risks.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Staff described how the service is providing end of life care, additional support and monitoring provided to consumers when clinically deteriorating, including the involvement of palliative care teams and adjusting care plans to suit consumers’ current needs. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional clinical care and equipment congruent to changed needs. The service provides staff with comprehensive training in responding to change or deterioration as part of the orientation program, and review of service’s clinical governance and the roles and responsibilities of all staff.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. For consumers attending the service’s wellness centre for exercises, the service organises an initial assessment with an exercise physiologist and refers consumers to a general practitioner if the assessment identifies any potential underlying medical conditions.

Consumers and representatives said the service has referred them to appropriate providers, organisations, or individuals to meet their service and support needs. For example, one consumer had only commenced services three months beforehand and received an assessment by a speech pathologist and podiatrist resulting in increased care and services. Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs. The organisation has policies and procedures to guide staff in the referral process.

The service has a number of policies and procedures to guide staff in minimisation of infection related risks, including in relation to screening processes and use of personal protective equipment. Consumers and representatives said staff are always fully masked, wash and sterilise their hands and are aware of consumer specific sensitivities including respiratory difficulties. Staff are provided with infection prevention and control training and demonstrated an understanding of precautions required to prevent and control infection.

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 said that they are supported to live healthy and social lives which optimises their quality of life and their wellbeing through the social services received. One consumer shared how they grew up during the Depression and expressed how they prefer to look for groceries on special and their care worker knows this and looks for items on special when they shop for the consumer. Staff said they support consumers effectively and safely, addressing examples including supporting a consumer through grief due to a family member passing away, and another consumer being supported to connect with their friends. Care planning documentation demonstrated comprehensive and ongoing information was obtained to reflect each consumer’s conditions, needs and preferences.

Consumers confirmed they are supported in their emotional and psychological well-being, with one consumer sharing how they like to keep their mind active so the services care workers support the consumer to do sudoku puzzles by bringing puzzles when they attend to deliver services. Staff said they support a consumer who is morbidly obese, however they do not wish to discuss their weight, therefore the care workers respect the consumers emotional and psychological wellbeing. Care planning documentation confirmed the service monitors consumers’ emotional and psychological well-being through ongoing communication, services and supports specific to consumer’s needs.

Consumers described how they access a range of services to enable them to stay connected to their community and to things of interest to them, with numerous consumers who attend the day centre sharing how they have made new friends and enjoy the range of activities they participate in at the service. The services exercise physiologists who run the wellness centre programs said how consumers enjoy attending the centre, not only for the exercise but as an outing and to connect with others. The Assessment Team sighted care plans and instructions including services and supports specific to consumer’s daily living, along with assessment and planning processes outlined in Requirement 2(3)(b) and 2(3)(c), outlining consumers community participation, relationships and how consumers engage in things that interest them individually.

Consumers and representatives confirmed daily living supports and services are consistent, and staff know the consumers well. One consumers representative commented on how lovely the staff are and how they all understand their role and know what to do. Staff demonstrated how information is shared, including referring to consumer care plans and instructions to inform understanding of consumer’s conditions, needs and preferences and reviewing progress notes from previous staff. Care planning documentation demonstrated comprehensive information is available to staff across the organisation for staff to understand the needs, goals and preferences of the consumer. The Assessment Team sighted additional information from sub-contracted allied health professionals to reflect consumer conditions, to effectively manage responsibility of care.

Consumers and representatives confirmed consumers are referred to other organisations and providers of care and services as required and as appropriate, with numerous consumers diagnosed with dementia, referred to the services day centre where consumers can mix with other people and participate in activities. The Assessment Team reviewed the services demonstrated ability to refer individuals in a timely and appropriate manner, as outlined in Requirement 3(3)(f), similarly to sub-contracted services including gardening, mowing and transport services.

Consumers gave positive feedback about the food and stated the food is of suitable quality and quantity. Management showed evidence of the NSW Government Food Authority certificate that was deemed acceptable in October 2023. The Assessment Team sighted the services menu, including a dietary list to address consumer allergies and preferences. Documentation including a food safety program manual was sighted by the Assessment Team, with evidence of monthly meetings taking place among the services food safety team.

Consumers and representatives said they were satisfied with their equipment, consider it suitable and safe, and felt as though they could contact the service if they had any concern. Staff said they check over consumers equipment to ensure it is working appropriately and will refer to management to engage with an external provider when maintenance is required. Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Staff were knowledgeable of these processes and provided examples of how they monitor the safety of equipment.

Based on the information summarised above, 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

The Assessment Team observed 1 of the 2 sites used by the provider to operate and run its support groups, targeted at consumers living with dementia. Consumers said the service environment is always clean, well-maintained and welcoming, and they enjoy attending the centres.

Both service environments were observed to be well laid out with areas wide enough for consumers to move freely. Staff said they have observed the environment as easy for the consumers to get around independently, with the size of areas causing no mobility hazards for consumers.

The service operates multiple buses for consumer transport. The Assessment Team sighted the interior of the buses which was clean and appeared in good condition along with observing consumers alighting and boarding the buses easily. Staff described the process of lodging an incident report and how to log maintenance requests, however advised due to the condition of the buses currently the service has no issues to report.

The service environment was observed to be clean and safe, and included signage to assist with navigation to various areas. Equipment was observed to be clean and well-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

Consumers said they know how to provide feedback and complaints about the service and would feel comfortable raising concerns about the service. Staff said they support consumers and representatives by providing information on their rights, how to make a complaint, feedback and accessing an advocacy service. Management acknowledged that the service was not receiving complaints or feedback which led to the organisation offering a small incentive to persons who participated in consumer surveys. The Assessment Team sighted detailed care planning documentation and were of the opinion that due to the care planning and assessment process, consumers did not have reason to complain.

Consumers said they received information on their rights, advocacy services and they knew how to access interpreter services, however advised they did not require this service. Staff and management were knowledgeable of advocacy and interpreter services ensuring processes were in place, however similarly to consumers responses they advised they had not needed to assist any consumers in accessing services. Documentation sighted by the Assessment Team outlined that consumers are provided with a brochure on their rights in the consumer handbook, which includes the home care agreement and information on complaints and advocacy services.

Although the service had not received any complaints at the time of the time of the quality assessment, the service demonstrated appropriate processes and systems were in place should the service need the mechanisms. The Assessment Team are of the opinion that the service would demonstrate appropriate action including responding to the complaint through the use of open disclosure. Management said the service has a complaints system with a step-by-step guidance process for staff to follow. Policies and procedures are in place to guide staff on complaints handling and open disclosure processes.

Feedback and complaints are used to improve the quality of care and services. Consumers said they have the opportunity to provide feedback through the regular survey and consumers are asked for feedback in attempts for the service to continuously improve. Management said service improvements are proactively captured on the continuous improvement management system, in which management are able to identify and analyse trends to inform systemic improvements. Management advised that any trends are reviewed monthly and fed to the board.

Based on the information summarised above, 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 with the number of staff available and staff providing services arrive on time and when expected. Staff said they have enough time to complete their work effectively, describing the workplace as a positive and enjoyable working environment. Management discussed workforce planning and analysis of workforce needs, sharing how the service prepares rosters, scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff and volunteers are kind, caring and respectful and are responsive to their needs, including one consumer who said they enjoy attending the activities at the centre as staff look after all of the consumers and ensure everyone is comfortable. The Assessment Team sighted staff interactions during the social support group, where staff welcomed all consumers as they came to the activity. During the social support group, staff demonstrated a thorough understanding of each consumer's needs, limitations, culture and identity. The Assessment Team sighted evidence of policies and procedures governing all aspects of code of conduct, and inclusion and diversity to ensure expectations of staff align with organisational values and workforce interactions with consumers are respectful and non-discriminatory.

Consumers and representatives described how they are confident in staffing skills, knowledge and ability to deliver care and services in line with how consumers like services run. Staff described, and documentation confirmed, they complete relevant mandatory requirements and training to effectively perform their roles. Management stated they assess workforce competency during recruitment and onboarding processes to ensure hired workforce are competent to perform their role. The Assessment Team reviewed position descriptions for various roles and qualification and competency requirements of staff, in which the service maintains a list of staff credentials and monitors information to ensure all information is current.

Consumers and representatives said they were satisfied with staff skills and knowledge, advising that they felt safe and cared for when receiving services from the workforce and sub-contracted providers. Staff described how the service supports them to perform their role through the induction process, mandatory and ongoing training opportunities and professional development. Management described how staff must complete mandatory training and the induction program when commencing employment, sharing how all staff receive regular communication updating staff on changes to the sector or organisation.

Staff and management said they are required to undertake annual performance appraisals, monitored by the services management system. Staff said they regularly discuss performance, professional development and goals with their line manager and during formal review. Management said the service has a performance management system detailing how all staff are assessed, monitored and reviewed throughout their employment.

Based on the information summarised above, 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 are encouraged to participate in the development, delivery and evaluation of care and services, including opportunity to provide feedback, annual planning meetings and annual client satisfaction surveys. Staff said the service is well run and management advised that staff respond to consumer and representative requests attentively and implement adjustments. The Assessment Team sighted the service’s continuous improvement management system which outlined the service’s commitment to collecting, collating and analysing data that drives continuous improvement in service delivery and the development of new services.

The organisation’s governing body is comprised of a voluntary community-based board, with an additional clinical governance committee that monitors clinical, workforce and other risks. The organisation also has a finance audit and risk committee that monitors financial risks. The Assessment Team sighted evidence of clear policies that the organisation adopted to ensure best practice, along with information provided to the board for oversight of services delivered including quality and analysis board reports.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information disseminated across the organisation through emails and addressed in regular meeting mechanisms. Management said changes such as SIRS reporting and code of conduct reforms were communicated to all staff through local face to face discussions. Documentation including training attendance showed staff attendance across training sessions.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff said they understand best practices and support consumers care and services by knowing the services reporting processes, including near misses or incidents, as outlined in the high-risk policy sighted by the Assessment Team.

Staff said they were aware of antimicrobial stewardship, however advised they are not directly involved as consumers often liaise with the GP’s regarding antibiotic use and prescribing. Management said staff are supported with a range of training opportunities regarding clinical care, infection control, antimicrobial stewardship and restrictive practices. The Assessment Team sighted policies and processes for open disclosure and restrictive practices, in which staff demonstrated an understanding. Evidence of clinical governance arrangements were reviewed, demonstrating records for clinical care provided by sub-contracted staff and third parties.

Based on the above 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 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)