**Performance**

**Report**

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| Name of service: | BaptistCare - Southern Highlands/Illawarra |
| Service address: | 179 Clinton Street GOULBURN NSW 2580 |
| Commission ID: | 200183 |
| Home Service Provider: | BaptistCare NSW & ACT |
| Activity type: | Quality Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 13 April 2023 |

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.

**This performance report**

This performance report for BaptistCare - Southern Highlands/Illawarra (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**Home Care:**

* Home Services Illawarra / Southern Highlands, 17342, 179 Clinton Street, GOULBURN NSW 2580
* Home Services Illawarra / Southern Highlands, 17373, 179 Clinton Street, GOULBURN NSW 2580

**CHSP:**

* Community and Home Support, 25221, 179 Clinton Street, GOULBURN NSW 2580
* Care Relationships and Carer Support, 25223, 179 Clinton Street, GOULBURN NSW 2580

# 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.

# 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 as not all requirements have been assessed** |
| **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 | **Not applicable as not all requirements have been assessed** |
| **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

All consumers and representatives interviewed stated in various ways their satisfaction with their interactions with management and staff saying they are treated with dignity and respect. Review of documentation evidenced the service has a consumer-centred approach to the delivery of services and staff were observed to speak about consumers in a respectful way.

Management interviewed confirmed all staff received culturally safe training on induction with further discussions held at staff meetings. Review of the services staff induction pack confirmed cultural awareness training is included. All consumers and representatives interviewed confirmed staff understand individual consumer’s cultural needs and preferences and they feel safe with the services delivered.

All consumers and representatives interviewed said they felt supported to make their own decisions about the services received and were satisfied the service supports them to be as independent as possible. Support workers interviewed described how they support consumers and promote consumer independence. For example, one support worker described how they encourage a consumer to do things for themselves and how they involve the consumer in tasks such as hanging out the washing together. Review of the services care planning policy noted clear description of how assessment and planning is undertaken in partnership with the consumer.

A support worker interviewed describe caring for a consumer who was nervous to walk outside. This support worker described how they encouraged the consumer to build up to walking a little further each day with support. Over time, the support worker stated the consumer was able to walk to the car and then to the bank. The support worker said the consumer felt very proud of themselves and a great sense of achievement. Management interviewed advised dignity of risk is discussed with consumers to encourage consumers to explore all options and make informed choices to enable consumers live the best life they choose.

Consumers and representatives interviewed said they receive written information in a way they can understand which enabled them to make informed choices. This information included a monthly statement and newsletter from the service. Management interviewed explained the service provides monthly statements and an ‘understanding your statement guide’ to explain the charges on the document. Management stated that for consumers who face challenges communicating the service adjusts the style of the monthly statements as they can provide larger print for sight impaired consumers and a translator for non-English speaking consumers.

Management interviewed explained all consumer information is kept within a centralised management system and support workers have access to the care plan via a mobile application. The mobile application is keypad locked and the support worker must log in each time they access the site with a two-step authentication process. Management stated staff are trained on privacy and confidentiality at induction with all staff required to sign a confidentiality agreement. Review of the services Home Care Agreement provided to all consumers includes information regarding privacy and confidentiality.

In considering the information above, the service demonstrated consumers are treated with dignity and respect. This Standard is compliant with six of the six requirements assessed as compliant.

# 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

All support workers interviewed described the services provided to consumers and identified individual risks to consumers’ health and wellbeing in addition to strategies used to mitigate those risks. One support worker interviewed describe how she supports a consumer who wanders off and said the service provided additional training on assisting consumers living with cognitive impairment. The service demonstrated the use of validated assessment tools completed at the initial assessment with the consumer and at each review. The services complex assessment guide was sighted which provided clear direction to staff on all aspects to conduct various risk assessments, including roles and responsibilities. All care plans reviewed contained sufficient information to guide staff in the delivery of safe and effective care.

All care plans sampled demonstrated consumer goals and needs were recognised and actioned. For example, one care plan sampled clearly defined the consumers goals and reasons for this. The service evidenced Advanced Care Planning is discussed with consumers as part of the initial assessment and at each review with an advanced care planning brochure included in the consumer’s welcome pack from Advance Care Planning Australia. The service stated staff undertaking these discussions Coordinators are trained to ask appropriate questions and encourage clients to put in place advance care plans.

All consumers and representatives interviewed said they are involved in making decisions regarding their care and services. For example, the representative for a consumer said as their partner lives with cognitive decline, the coordinator includes both them and their partner in all decisions and, when there is a change in times or support workers, the coordinator always contacts the representative to discuss. Review of sampled consumer files included detailed current notes from brokered services. The Assessment Team sighted several policies in relation to assessment and planning which all included information regarding the involvement of others in accordance with the wishes of the consumer.

All consumers and representatives interviewed said they have been provided with a copy of their care plan. All support workers interviewed said they have all the information they require to carry out care and services safely. They said detailed information is available on their mobile devices, the consumer’s home folder and through their coordinator if required.

All consumers and representatives interviewed said if their needs or preferences changed, they are confident their coordinator would do everything they can to accommodate. Coordinators interviewed said care plans are reviewed comprehensively every year and whenever there is a change in the consumer’s condition. Review of the services care planning policy indicated care plans are ‘reviewed at least annually or when a client experiences a change in wellbeing – increased or decreased wellbeing, after an incident, illness or a hospital admission’. All care plans sampled were up to date and showed evidence of reviews being undertaken when there has been a change in condition.

In considering the information above, the service demonstrated ongoing planning and assessment is undertaken in partnership with consumers. This Standard is compliant with five of the five requirements assessed as compliant.

# 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

Care plans sampled documented comprehensive information on consumer needs and preferences and provided detailed strategies to guide staff delivery of safe and effective care. Review of care documentation for a consumer receiving wound care from a brokered service contained comprehensive information providing clear descriptions of the wound, any signs of infection and further relevant information for each visit including photographs showing the progression of healing.

Coordinators and management interviewed said the service uses multiple risk assessment tools when undertaking assessments and reviews including a falls risk assessment, home safety assessment, wound care, continence assessment and skin integrity assessment. The service advised following any review, consumers identified as high risk through vulnerability screening are placed on a register and discussed at bi-monthly meetings attended by coordinators, senior managers and staff involved in the care of the individual consumer. The vulnerability indicators for the service include if the consumer lives alone, is highly dependent, socially isolated, cognitive impaired, at risk of suspected/confirmed abuse, self-neglecting, live in unsafe/insecure housing, has communication difficulties and/or reliant on essential powered equipment.

Management interviewed advised the service does not provide palliative care for consumers, however the service increases services in line with increased needs to support the consumer and their family. Management interviewed said referrals for palliative care are made on the consumers behalf following discussions with the consumer and their family. The service evidenced discussions regarding advance care planning occur and the initial assessment and at ongoing reviews with staff undertaking these discussion training appropriately.

The service demonstrated effective systems and processes in place to ensure any deterioration or change in a consumer’s cognitive or physical function, and changes to capacity or condition is recognised and responded to in a timely manner. Care plans sampled reflected changes in consumers' condition and were reviewed regularly or as the consumer’s condition deteriorates. All support workers interviewed describe the process used if a consumer shows sign of deterioration or change of health. The service advised all staff receive annual training in identification of deterioration with the Staff Handbook also detailing the signs to look for and how to report consumer deterioration.

All support workers interviewed said they have access to detailed information which includes the consumers' needs and preferences. One electronic care documentation system is used by the service to ensure there is no duplication of information. Support workers interviewed confirmed use of a mobile application to get current information and alerts on consumers they are caring for. All care plans sampled included contact details for relevant people and organisations where responsibility of care is shared.

The service demonstrated timely referrals to other organisations and providers in support of care and services delivered. This was evidence in review of a sampled consumer care plan which included a referral for an occupational health assessment evidencing delivery of identified outcomes within 5 days of the initial referral.

All consumers and representatives interviewed said all support workers wear masks, gloves, gowns and plastic shoe coverings (where required) and had observed support workers practicing hand hygiene when in their homes. The service evidenced an outbreak management plan which described the roles and responsibilities of staff, including the formation of the outbreak planning team and the continuity of care and services during outbreaks. The vaccination certificates and all COVID vaccination information was sighted and noted as up to date for all staff. The service evidenced policies and procedures on infection control and antimicrobial stewardship fact sheets were sighted and available to staff.

In considering the information above, the service demonstrated personal and clinical care is provided in accordance with individual consumer needs, goals and preferences to optimise health and wellbeing. This Standard is compliant with seven of the seven requirements assessed as compliant.

# 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

All consumers and representatives interviewed reported the service made them feel safe and they felt they were able to receive supports and services which enabled them to remain as independent as possible in their own homes. All support workers interviewed described what is important to their consumers and demonstrated they knew the consumers well. One support worker interviewed spoke about a consumer who looks forward to visiting the local café every Thursday morning and going to the cinema and how these social outings were important to the consumer and optimises their quality of life. The service advised they are introducing a Quality-of-Life assessment tool which will be used to measure improvement or decline in consumers quality of life through discussion around questions relating to mobility, pain management, happiness, independence, social relationships and leisure activities that will occur at each assessment.

All consumers and representatives interviewed said they felt staff would recognise if they were feeling low and would provide support to the consumer if required. The service demonstrated an understanding that emotional, spiritual and psychological well-being is important to the consumer and confirmed care and services are aligned to address consumers' needs. All care plans sampled included a consumer ‘story’ written in their own words which provided information on the consumers background, the types of jobs they have had, their family construct and relationships that are important to them.

All consumers and representatives interviewed said the service enabled them to participate in their community, do things of interest to them, and maintain social and personal relationships. Care planning documentation reviewed identified goals of keeping connected to the community and shift notes showed evidence of support workers assisting consumers to connect with family and friends and do things that are important to consumers.

All support workers interviewed said they have access to detailed consumer information including consumers' needs and preferences. The service confirmed one electronic care documentation system is used to ensure there is no duplication of information. Support workers interviewed advised use of a mobile application to get current information and alerts on consumers they are caring for.

All support workers and coordinators interviewed could described to the Assessment Team the process of how to make referrals for identified consumer needs. One coordinator said he always keeps the consumer updated on the progress of new referrals. The support workers all said if a need is identified such as new equipment to assist with safe showering, they discuss with the consumer first and then inform the coordinator who will action the request.

The service advised where consumers request to purchase meals, the service engages a brokered service to facilitate this with ongoing communication with the brokered service undertaken directly by consumers. The service stated where staff are engaged in meal preparation for consumers, training in Safe Food Handling is provided.

All consumers sampled said they are happy with the equipment supplied that is well maintained. Consumers interviewed said equipment they had received through their package included shower chairs, four-wheel walkers and toilet chairs. The service advised while they do not have an equipment loan pool, equipment is purchased for consumers via recommendations and referrals through allied health professionals.

In considering the information above, the service demonstrated the provision of safe and effective services and supports for daily life that optimise consumers independence, health and wellbeing. This Standard is compliant with seven of the seven requirements assessed as compliant.

# 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. | Not applicable | Not applicable |
| 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

This Standard is assessed as not applicable as services are not provided to consumers in a communal 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 interviewed said although they have not had any need to make a complaint, they know how to and would feel comfortable contacting the service to provide any feedback. The service advised there are a number of avenues available to consumers to provide feedback and complaint including an annual consumer satisfaction survey, a feedback form in consumers in-home folders, consumers can call or email the service or feedback may be provided directly to support workers. The service evidenced an organisation wide feedback policy describing how consumers can make complaints and how these are managed.

All consumers and representatives interviewed confirmed that advocacy and language service options were provided on entry to the service. The service evidence policies relating to advocacy and interpreter services which provided information on how the service supports consumers seeking these services.

Support workers interviewed demonstrated knowledge of the services open disclosure process and stated they had received training and attended staff meetings where there was discussion on the open disclosure process and the services expectations. Review of the services complaints data evidenced all complaints were recorded and actioned effectively. The service evidenced policies on feedback and open disclosure.

Management interviewed advised all complaints and feedback is discussed at relevant leadership meetings with further trend analysis undertaken by the services Quality and Improvement Team Manager for presentation at senior leadership meetings and included in broader reporting for the divisional care and clinical governance committee.

In considering the information above, the service demonstrated effective management of complaints and feedback to inform service improvement activity. This Standard is compliant with four of the four requirements assessed as compliant.

# 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

Most consumers and representatives interviewed said support workers all arrived within the designated delivery time frame and were not rushed when they arrived. Management interviewed explained workforce planning is done two weeks in advance and unfilled shifts are managed based on priority. Management interviewed advised services are prioritised with domestic assistance consider low on the priority scale and clinical care, such as medication prompting considered a higher priority.

All consumers and/or representatives interviewed said that the service is caring and respectful. Interaction with a consumer via phone observed the staff being caring and respectful and treating the consumer with dignity. The service advised training in cultural inclusive support and dignity and personalised care is provided to all staff and evidenced the services inclusion and diversity in service provision policy.

Management interviewed said all staff must have a current police check, working with vulnerable people card, drivers’ licence, third party insurance, vaccinations evidence and first aid certificate before undertaking duties. Staff must also have undertaken orientation, induction training and completed all mandatory competencies. Management stated that competencies/training included but were not limited to; manual handling, hand hygiene, medication prompting, fire and safety, cyber awareness and code of conduct. Position descriptions for all roles was sighted with management confirming a copy of the position description is provided to all staff on commencement with the service.

Support workers interviewed described the induction process and could name core competencies required in addition to further training when requested. Review of the services training matrix and data contained in the learning management system noted the training and date staff completed the training. It was noted all staff are recruited with a minimum of first aid training and are offered support to complete a Certificate 3 in Aged Care. Review of a document titled ‘Training – Toolbox talks 2022’ detailed presentations to staff included the services vulnerability screening tool, nutrition and appetite and the Serious Incident Response Scheme with future topics list including end of life care and Parkinson’s disease.

Management interviewed said while staff undertake an annual performance review, monitoring staff performance is ongoing. The reviews are conducted by the Care Facilitators on induction and then occur at 2,4 and 5 months during the probation period moving to annual reviews after the induction period. Management stated that consumer feedback is always included in the review if current at the time of the review, otherwise consumer feedback will be addressed with the support worker at the time of notification.

In considering the information above, the service demonstrated it has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services. This Standard is compliant with five of the five requirements assessed as compliant.

# 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

Management interviewed stated consumers are engaged in service improvements via the annual survey with responses collated and trends analysed and then fed into the continuous improvement plan.

The governing body receives information from the service to enable monitoring of care and services being delivered safely, effectively and in line with best practice. Management interviewed explained clinical data is discussed at all meetings and clinical indicators are collected and collated by the Quality and Improvement Team Manager ACT/NSW. These are then reported in the Care and Clinical Governance - Divisional Report as a standing agenda item ‘Performance Against Clinical Indicators’. Review of the December 2022 confirmed standing agenda items discussed by the board included operational care and clinical priorities, significant incidents and complaints and clinical research opportunities.

The service evidenced a centralised management system on a secure server requiring password access to enable staff access to required consumer information. Review of the service continuous improvement plan noted a number of actions to improve service delivery with continuous improvement a standing agenda item at all Board meetings and forms part of the service’s strategic plan. Management interviewed explained the process to identify and track unspent funds and how this is communicated to consumers. The services organisation chart, code of conduct for staff and job descriptions are provided to staff on commencement with ongoing review of performance undertaken. The service evidenced systems and processes in place to ensure the service is complying with relevant regulation, regulatory requirements, professional standards and guidelines. Management interviewed advised policies and procedures are updated to reflect changes in regulation. The service demonstrated all consumer complaints are recorded in the services electronic system, monitored and resolved within reasonable timeframes.

Review of the services vulnerable consumer screening tool noted inclusion of indicators of vulnerability and strategies to mitigate risk. Management interviewed explained how clinical indicators are collected, graphed and discussed at the relevant committee and board meetings. The service evidenced a training matrix which included staff training in clinical assessment, incident management, case conferencing and recognising deterioration in a consumer.

The service evidenced policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. The services clinical governance framework sighted identifies clear roles and responsibilities on how the service manages the provision and oversight of clinical care to consumers.

In considering the information above, the service demonstrated the governing body is accountable for the delivery of safe and quality care and services. This Standard is compliant with five of the five requirements assessed as compliant.

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