**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Boandik Lodge - MT GAMBIER |
| Commission ID: | 600065 |
| Address: | 101 Lake Terrace East, MOUNT GAMBIER, South Australia, 5290 |
| Activity type: | Quality Audit |
| Activity date: | 31 October 2023 to 1 November 2023 |
| Performance report date: | 5 January 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1551 Boandik Lodge Inc  
Service: 18465 Living Well with Boandik - Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7289 Boandik Lodge Inc  
Service: 27949 Boandik Lodge Inc - Care Relationships and Carer Support  
Service: 23926 Boandik Lodge Inc - Community and Home Support

**This performance report**

This performance report for Boandik Lodge - MT GAMBIER (**the service**) has been prepared by A. Grant, 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 consumers/representatives and staff.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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.

# Standard 1

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 1(3)(a) to 1(3)(f) – Compliant

All consumers and representatives when interviewed by the Assessment Team advised they are treated with dignity and their input is valued. Care workers and coordinators when interviewed were familiar with consumers' individual backgrounds, needs and preferences. Management when interviewed stated the service works with consumers and their representatives to ensure staff are right for each consumer.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are culturally safe. Consumers when interviewed by the Assessment Team stated staff and support workers understand them and their cultural needs and deliver care and services with this in mind. The Assessment Team noted staff demonstrated understanding of consumers' cultural background and described how they ensured care and services reflect consumers’ cultural needs and diversity. Management interviewed and evidence analysed by the Assessment Team noted staff receive training at induction, and ongoing, to ensure care and services are delivered in a culturally safe way The service demonstrated how each consumer is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions.

Consumers and/or representatives when interviewed by the Assessment Team confirmed the service involved them in making decisions about the services consumers received. Staff when interviewed described how they support consumers and their representatives to exercise choice and make decisions about their services. Care planning documentation analysed by the Assessment Team contained evidence of consumer choice regarding their care and services, and details of representatives and preferred contacts.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers sampled by the Assessment Team indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence, safety and live their best life. Staff and management when interviewed by the Assessment Team demonstrated how they support consumers to make choices and decisions about their services, including activities that may place them at risk, and consultation with consumers about strategies to manage risks to enable them to participate, for example:

* documentation evidenced how the service has focused on staff education around dignity of risk, with an introduction to dignity of risk included in the staff newsletter in June 2023, and more detailed information planned for December 2023.

Evidence analysed by the Assessment Team showed that 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. All consumers when interviewed by the Assessment Team advised the service provides timely and accurate information to enable choice about care and services.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Staff and management when interviewed described processes to keep consumer information safe and protect their privacy.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 2(3)(a) to 2(3)(e) – Compliant

Evidence analysed by the Assessment Team showed the service demonstrated that current 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 and are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and planned to meet their health and well-being needs. Management interviewed described how they assess consumer’s needs and risks at commencement of services and via ongoing reviews, for example:

* How the service liaises with other health professional such as General Practitioners (GP) and Pharmacists to receive relevant up to date information about the consumers.

Management when interviewed stated that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advanced care and end of life planning if the consumer wishes. Consumers and/or representatives when interviewed by the Assessment Team confirmed assessment and planning is based on ongoing partnership with them and/or their representative, and others who are involved in care provision.

Management when interviewed stated how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services. Evidence analysed by the Assessment Team showed care planning documents illustrated needs, goals and preferences had been discussed with consumers and documented, in conjunction with health professionals in the planning of consumers care and services, including but not limited to:

* preferences considered for nutrition/hydration, mobility, transfers, personal hygiene, continence/toileting, transport, domestic assistance, gardening, and social support.

Consumers and/or representatives when interviewed by the Assessment Team confirmed they are involved in deciding their care and services, with Management interviewed stating how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 3(3)(a) to 3(3)(g) – Compliant

Evidence analysed by the Assessment Team demonstrated that consumers get safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being, including effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives when interviewed by the Assessment Team confirmed that the service and staff ensure consumers receive safe personal and clinical care, for example:

* Care planning documents analysed showed that personal and clinical care was documented in care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed care planning documents confirmed that individualised risk management strategies are implemented to ensure that consumers’ risks are managed, including monitoring, reviews, incident reporting and risk mitigation strategies, in conjunction with advanced care directives discussions with consumers and outcomes documented within consumer care plans, for example:

* Management advised the recent implementation of a risk register for any consumer identified to be at risk of potential harm. The risk register identifies the inherent risk and the residual risk after mitigation strategies and interventions have been implemented.

Consumers and/or representatives when interviewed by the Assessment Team stated they are confident that staff would notice if their health changed and would respond appropriately. Evidence analysed by the Assessment Team showed the service demonstrated that information about consumer’s conditions, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared.

Consumers and/or representatives when interviewed by the Assessment Team confirmed that staff know about their needs and preferences. Staff when interviewed stated relevant information about consumers’ care and services is documented and communicated through care plans available to consumers, with information about the delivery of consumers’ care and services in progress notes, including advanced care directives. Evidence analysed by the Assessment Team showed the service was able to demonstrate that the needs, goals and preferences of consumers nearing end of life are recognised and addressed, with their comfort maximised, and their dignity preserved.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers and/or representatives when interviewed by the Assessment Team stated they are confident that staff would notice if their health changed and would respond appropriately. Evidence analysed by the Assessment Team showed information about consumer’s condition, needs, goals and preferences are consistently and effectively communicated within the organisation and with others where responsibility for care is shared, for example:

* Care planning documentation for sampled identified consumers listed current clinical needs, risk status and additional actions or details that guide the services delivery of care.
* Registered Nurses (RN) are internally referred for consumers receiving HCP L1 and 2 where additional assessment and planning may be required for consumers identified as requiring medication management, falls management, wound management, pain management, nutrition and or dietary assessment, cognitive or behavioural changes, swallowing change, diabetes management increasing fragility or complex or chronic healthcare conditions continence management.

Management when interviewed stated the service minimises infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Evidence analysed by the Assessment Team showed the service has processes for minimising risks of infection including policies, procedures, education and an outbreak management plan, with the risk register identifying the inherent risk and the residual risk after mitigation strategies and interventions have been implemented, for example:

* Neurological conditions being monitored through the risk register include stoke, motor neuron disease, cerebral palsy, dementia, Alzheimer’s, Parkinson’s disease and degenerative spinal conditions.
* Medical conditions being monitored through the risk register include, osteoarthritis, osteoporosis, hypertension, cancers, renal, heart and respiratory diseases.
* Mental health conditions being monitored include schizophrenia, Post Traumatic Stress Disorder (PTSD), anxiety and depression.
* Changes in condition, mobility concerns, vulnerabilities such as living alone or in a rural or remote area, and environmental risks for people living within a bushfire risk zone.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 4(3)(a) to 4(3)(g) – Compliant

Evidence analysed by the Assessment Team showed the service demonstrated each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and supports for daily living that promotes consumer’s emotional, spiritual and psychological wellbeing and optimises their independence, health, well-being, and quality of life. For example:

* Staff interviewed provided examples of how they optimise consumers health, well-being and quality of life while ensuring they are meeting the consumers’ needs goals and preferences.
* Management and case managers described, and care planning documentation confirmed, goals, needs and preferences are discussed during care plan reviews and services provided are tailored to individual consumers to optimise their quality of life.

Consumers and/or representatives when interviewed by the Assessment Team stated they were satisfied that the services provided optimised their independence, well-being, and quality of life and independence through the provision of in-home services such as social support, domestic assistance, gardening services, with staff being attentive to their wellbeing, and providing meaningful activities and services.

Staff and management when interviewed stated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life. Evidence analysed by the Assessment Team showed the service demonstrated services and supports to assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives when interviewed by the Assessment Team stated they have day-to-day control over what activities they take part in and how the services assist them in accessing the community.

Evidence analysed by the Assessment Team showed the service demonstrated how they assist with referrals to individuals, other organisations and providers. Staff and management when interviewed described communication processes within and outside the organisation, and confirmed information about consumers is effectively communicated including MAC referral processes and how they support consumers to connect with other external organisations when required. For example:

* Management described, and documentation confirmed, processes are followed to connect consumers with external services that can provide supports for activities or daily living, such as coordinating transport for an external service provider that offers social activities.

Consumers and/or representatives when interviewed by the Assessment Team described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Staff and management when interviewed stated their knowledge of consumers’ dietary needs and preferences relating to consumer’s nutritional and hydration status. Evidence analysed by the Assessment Team showed the service demonstrated that when meals are provided, they are varied and of suitable quality and quantity, with dietary needs and preferences communicated within the service, for example:

* Staff and volunteers described the process of creating a monthly planner with meal ideas for the group outings and what meals consumers would like to be included with the activities, including demonstrating a detailed knowledge or each consumer’s likes and dislikes and guiding newer staff who may not know each consumers preferences or allergies.

Consumers, when interviewed stated the equipment installed or used was clean, suitable and/or well maintained. Evidence analysed by the Assessment Team showed the service demonstrated that when equipment is provided, it is safe, suitable, clean and well maintained. Management when interviewed, stated that equipment needs are assessed by allied health professionals and supplied as per their recommendations and described the cleaning and maintenance processes related to equipment, when it is provided.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 5(3)(a) to 5(3)(c) – Compliant

Evidence analysed by the Assessment Team showed the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function and the service environments are well maintained, safe, clean and enable consumers to move freely. Consumers when interviewed by the Assessment Team stated they feel welcome when they attend the centre-based groups sessions.

Management Staff and volunteers described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional. Management, staff and volunteers when interviewed described the processes of site-specific cleaning schedules and reactive maintenance and processes to ensure service equipment is safe, clean and well maintained. Evidence analysed by the Assessment Team through observations demonstrated furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 6(3)(a) to 6(3)(d) – Compliant

Evidence analysed by the Assessment Team showed the service demonstrated consumers and others are encouraged and supported to provide feedback and make complaints, and are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints.

Management and Staff when interviewed by the Assessment Team described how they support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team demonstrated that consumers and representatives can provide feedback and complaints on their services.

Consumers when interviewed by the Assessment Team stated should they have issues with the services, they would ring the service or speak to their case manager to discuss their concerns and actions implemented are reviewed in consultation with them to ensure satisfaction. The service has a Continuous Improvement policy which guides staff practice. Management Staff and volunteers described processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints, for example:

* Evidence confirmed that consumers are provided information about feedback and complaints processes in the consumer welcome pack, and the service has established feedback and complaints policy and procedures. Consumers’ feedback and complaints had been documented on the service’s register.

Evidence analysed by the Assessment Team demonstrated appropriate action is taken by the service in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team advised that the service handles complaints appropriately and the service is responsive to feedback. Staff interviewed by the Assessment Team confirmed they would resolve issues identified by consumers immediately and report it to the case manager. Management described the service’s processes for managing complaints. Evidence analysed by the Assessment Team demonstrated open disclosure is used as part of the complaint management process. Evidence analysed by the Assessment Team showed the service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 7(3)(a) to 7(3)(e) – Compliant

Evidence analysed by the Assessment Team demonstrated the services 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 and workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity, for example:

* The Assessment Team viewed evidence confirming policies, procedures and job descriptions which promote a person-centred approach, and commitment to the service's values which includes respect for each consumer’s identity, culture and diversity.

Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the number of, and the support provided by staff delivering care and services. Management when interviewed by the Assessment Team described processes to ensure there are enough staff to deliver care and services across a wide region, for example:

* Management described the service prioritises shifts by consumer need in cases where unplanned leave causes staff shortages to ensure clinical and personal care shifts are never missed. Management said where shifts are missed, a replacement is always offered to consumers.

Consumers and/or representatives when interviewed by the Assessment Team stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected, and they feel the workforce is competent and skilled. The Assessment Team observed staff and volunteers to be engaged, respectful and kind at the social group. Management, staff and volunteers when interviewed by the Assessment Team spoke in a kind and respectful way.

Evidence analysed by the Assessment Team demonstrated the workforce is competent and has the knowledge to effectively perform their roles. Management and Staff when interviewed by the Assessment Team described robust processes to ensure staff have adequate skills and qualifications, and monitoring staff competency through supervision, team meetings and regular performance reviews. Evidence analysed by the Assessment Team demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

Staff interviewed by the Assessment Team described regular professional development and training that was delivered, including completing relevant training and being supported in their role through regular meetings and access to case managers and clinical staff for any consumer-related queries and reporting requirements. Management when interviewed by the Assessment Team described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with staff, including meetings to provide information and support, for example:

* Actively monitoring consumer satisfaction with the workforce through annual surveys conducted in November each year.

Evidence analysed by the Assessment Team demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff interviewed by the Assessment Team confirmed they undertake regular performance reviews with management and identify areas of improvement where they would like further training and support. Management when interviewed by the Assessment Team advised they monitor staff performance through surveys, consumer and staff feedback, and complaints data. Evidence analysed by the Assessment Team demonstrated the service has an effective performance management system and policies and procedures in place to guide staff practice.

* Management described the service prioritises shifts by consumer need in cases where unplanned leave causes staff shortages to ensure clinical and personal care shifts are never missed. Management said where shifts are missed, a replacement is always offered to consumers.
* Management described challenges with staffing in a regional location, however, have developed strategies to unplanned leave does not impact clinical services, personal care or medication management.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Requirements 8(3)(a) to 8(3)(e) – Compliant

Evidence analysed by the Assessment Team demonstrated consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed stated they have input about services provided through surveys and feedback processes, with management and staff interviewed describing how consumers have input about their services through formal and informal feedback processes, for example:

* Management and staff described how they engage with consumers to gather feedback and suggestions across a range of care and service topics, such as clinical care requirements, shopping needs and catering needs which are tailored to meet the needs of the consumer.

Evidence analysed by the Assessment Team and management and staff interviewed demonstrated robust information management systems relating to information storage, continuous improvement, and financial and workforce governance with password encryption and relevant access based on position and role. Care plans evidenced accurate and up to date information, with the organisations continuous improvement register evidencing improvements informed by staff and consumer feedback. Further evidence demonstrated effective systems to monitor consumer budgets and respond accordingly.

Evidence analysed by the Assessment Team and management interviewed demonstrated an accountable Board and management structure relating to regulatory compliance and feedback and complaints, with effective systems to track vaccinations, qualifications, drivers' licences, first-aid certification and training completions for all staff. Further evidence demonstrated no adverse findings by other regulatory agencies or overseeing bodies in the last 12 months. Evidence analysed by the Assessment Team and management interviewed demonstrated effective and proactive feedback and complaints processes, encouraging and supporting consumers to provide feedback and make complaints, and respond via open disclosure as per the services feedback and complaints policies and procedures, for example:

* Staff, management, and consumers were all aware of processes and comfortable raising feedback verbally. Management demonstrated verbal feedback and complaints are managed and actioned appropriately.
* The Chief Executive Officer (CEO) and Board receive regular updates from all areas of the organisation, including Aged Care services, to enable the CEO and Board to analyse risks, identify areas for service improvements or staff training, and identify processes and policies to be updated.
* The CEO and Board receive regular updates from the Clinical Governance committee regarding clinical care, deterioration and incidents, enabling oversight, and identifying areas for recruitment or training.

Management interviewed by the Assessment Team demonstrated organisation-wide effective risk management system and practices, including, but not limited to, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Evidence analysed by the Assessment Team demonstrated an established Risk Management Framework, including SIRS flow chart, Incident Management reporting policies and procedures and High-Risk Client Register. Further evidenced by the service records, analysis and investigation of all consumer incidents, including those not associated with care, such as unwitnessed falls and hospital admissions, and clinical incidents are discussed at Clinical Governance meetings.

Management interviewed by the Assessment Team demonstrated organisation-wide effective clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Consumers and/or representatives interviewed by the Assessment Team stated the service is open and transparent in their approach and notifies them when incidents occur. Evidence analysed by the Assessment Team demonstrated clinical care is monitored through progress notes, and use of shared documentation for medication. Complex clinical care, including infection control, appropriate use of antimicrobials and restrictive practices, are discussed at monthly Clinical Governance meetings, in conjunction with:

* Assessed evidence including all clinical staff have received training in antimicrobial stewardship, restrictive practices and open disclosure, and all staff have access to these, and other clinical policies and procedures.

Evidence analysed by the Assessment Team showed evidence substantiating compliance was relevant and present across both CHSP and HCP services.

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)