**Performance**

**Report**

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| Name: | Booroongen Djugan - Community Care Services |
| Commission ID: | 200219 |
| Address: | 337-351 River Street, GREENHILL, New South Wales, 2440 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1399 Booroongen Djugun Limited  
Service: 17385 Booroongen Djugun Community Care Service

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7300 Booroongen Djugun Limited  
Service: 24283 Booroongen Djugun Limited - Care Relationships and Carer Support  
Service: 24282 Booroongen Djugun Limited - Community and Home Support

**This performance report**

This performance report for Booroongen Djugan - Community Care Services (**the service**) has been prepared by Danielle Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 16 May 2024.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Assessment Team recommended that Requirements 1(3)(d) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 1(3)(d)

The service did not demonstrate that there was documented discussions with consumers about lifestyle choices and associated risks. Most Elders/consumers interviewed said the service supports their choices. Staff explained how they discuss risks with consumers and understood the concept of dignity of risk. The service did not have policies and procedures to guide staff practice in the identification and assessment of risk, and documentation of the risk mitigation strategies.

The Approved Provider submitted a copy of the services Plan for Continuous Improvement (PCI) with details of corrective actions. The service has commenced implementing policies to support recognition of Elders/consumer choice and risk. The service is communicating with Elders/consumers regarding how the service can support their choices and improving processes to capture risk assessments and mitigation strategies in care plans. I note additional training of staff has also been commenced and is planned to be completed on 1 July 2024.

I am reassured that the service has addressed the concerns raised by the Assessment Team and has a reasonable plan in place to ensure there is improved documenting of assessed risks associated with Elders/consumers choices. The improvement actions are expected to be completed by 1 July 2024. I consider this Requirement compliant.

Compliance with remaining Requirements

Elders/consumers and representatives confirmed staff respect their culture and diversity. Support workers demonstrated knowledge of the identities and culture of Elder/consumers. Care planning documentation reflected what was important to consumers to maintain their dignity and identity.

Elders/consumers and representatives said care and services are provided in a way that makes them feel comfortable. Both First Nations and non-First Nations consumers said they have First Nations support workers who provide them with culturally safe care and services. Care planning documentation detailed Elders/consumers’ cultural preferences, such as a preference for female workers.

Support workers explained how they support consumer choice and independence. Elders/consumers and representatives were satisfied they could exercise choice and maintain their independence while they are still living at home. Care planning documentation included the details of those involved in the care of the Elder/consumer.

Elders/consumers and representatives confirmed that the service provides them with the information they need to make informed choices. Elders’ meetings are held regularly and facilitate information sharing on available services. Staff described the ways information is communicated, such as on the telephone and face-to-face.

Elders/consumers and representatives said that the service respects their privacy and confidentiality. Support workers explained how they maintain Elder/consumer privacy and confidentiality. The service demonstrated that the staff practices for storing and filing paper based consumer records was in line with the services policy and procedures.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Elders/consumers and representatives were satisfied the assessment and care planning process was comprehensive and staff listened to their needs. Staff described the initial assessments completed for Elders/consumers which cover consideration of risk for health, home safety and emergency planning. These assessments informed the development of care plans, management strategies and interventions. The service had policies and procedures to guide staff practice.

Elders/consumers and their representatives confirmed information about their needs, goals and preferences is kept up to date through regular communication with staff and management. Care planning documentation included specific needs, goals, and preferences for Elder/consumers. Care coordinators described how they sensitively discuss advanced care planning and end-of-life care at the commencement of services and at care plan reviews.

Care planning documentation evidenced Elder/consumer involvement in the planning of care and services. Care coordinators explained the incorporation of information from external medical and allied health providers into the consumers care plan. Elders/consumers and representatives interviewed were satisfied with the way the staff explained assessment information and confirmed care plans are provided to them. Care coordinators explained the process for completing assessments and the communication of outcomes at the time of the assessment.

The service demonstrated that Elders/consumers care and service needs were regularly reviewed and updated as their care and services change. The care coordinators described how they call HCP Elders/consumers monthly to review care and services. Support workers demonstrated extensive knowledge about the Elders/consumers care needs and preferences. Care planning documentation evidenced adjustments to care and services in response to changes in condition or preferences.

# 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

The Assessment Team recommended that Requirements 3(3)(g) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 3(3)(g)

While the service demonstrated the minimisation of infection related risks to prevent and control the spread of infection, the service did not have policies, procedures or guidelines related to antimicrobial stewardship (AMS). Staff could not describe AMS and had not received training. Elder/consumers and representatives interviewed are satisfied with the measures taken by all support staff to protect them from infection and said staff were careful. The service has a policy to guide infection control practices, including COVID-19 and outbreak plans. Support staff receive training on infection control practices annually, have access to Personal Protective Equipment (PPE) and the service has a support staff vaccination register.

The service’s PCI details corrective actions in relation to antimicrobial stewardship processes. The service is in the process of implementing policies and procedures to support the appropriate use of antibiotics for Elders/consumers. I note additional training of staff has also been commenced and is planned to be completed by 1 July 2024. I am reassured that the service has addressed the concerns raised by the Assessment Team and has a reasonable plan in place to ensure compliance is maintained with this Requirement. I consider this Requirement compliant.

Compliance with remaining Requirements

Elders/consumers and representatives were satisfied with the personal care services provided and that care was tailored to their needs. Care coordinators explained how Elders/consumers with high clinical care needs are connected to medical officers, brokered registered nursing service and the community health clinic. Support workers explained how they ensure personal care is delivered safely, in line with preferences which are documented on task lists and care plans. Care documentation reviewed showed evidence of safe, personal care services tailored to Elder/consumer needs.

Elders/consumers and representatives said they are confident risks associated with their care are managed well. Management described the services high impact or high prevalence risks and how these are identified and managed. Incidents are discussed in clinical meetings to determine proactive mitigation of risks for Elders/consumers. Staff explained the risks to Elders/consumers and the tailored support they provide.

The service had policies and procedures to guide staff practice in end-of-life care. Management explained that end-of-life care was rarely provided by the service with most Elders/consumers choosing to move to hospital or residential aged care for palliative care. Management and staff explained what end-of-life supports the service would provide consumers that chose to remain at home, including partnering with palliative care and clinical teams based at Booroongen Djugen Residential Aged Care Facility.

Elders/consumers and representatives had confidence that staff would identify and respond to deterioration in condition or changes. Support workers explained how they check the Elders/consumers’ health and well-being and escalate concerns to the care coordinators. Care planning documentation showed changes in an Elder/consumer’s health or abilities are reported, documented, and appropriately responded to.

Elders/consumers and representatives were satisfied that information about their care needs and preferences is communicated to staff. Care coordinators described the ways they communicate changes in Elder/consumers’ care and services. Support workers demonstrated current knowledge of Elder/consumer changes in care needs and knew where to access the most current information.

Elders/consumers and representatives said that the service assists with making timely referrals to appropriate providers outside the service. The service demonstrated there are effective referral processes and care coordinators have access to a referral directory. Care planning documentation evidenced appropriate and timely referrals to a range of providers

including physiotherapists, occupational therapists, dietitians, podiatrists, equipment suppliers, and medical practitioners. Funding supplement applications and HCP upgrades were submitted in a timely manner.

# 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. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Elders/consumers and representatives were satisfied the services and supports improve their independence and quality of life. Support workers explained how they deliver supports and services, such as social support, according to the needs and preferences of the Elder/consumer. Care planning documentation considered Elders/consumers’ needs, goals and preferences in relation to services and supports for daily living.

Elders/consumers said that the service allows them to connect with their First Nations

spirituality and the service provide supports and services that promote their emotional and psychological wellbeing. Support workers demonstrated how they support consumer well-being and spiritualty, such as transporting of First Nations Elders/consumers to Country. Elders/consumers’ spiritual and religious needs and supports are documented in care plans.

Elders/consumers said that the service provides them with services that allows them to participate in their community and maintain social relationships. For example, transport services facilitate participation in ‘sorry business’ (funerals) and the Elders meetings. Support workers and care coordinators explained how they ensure that Elders/consumers participate in their community, do things of interest to them, and maintain relationships, such as transport to social occasions and to the service hub for activities. The Assessment Team observed Elders/consumers participating at the hub in activities and interacting and socialising with each other.

Elders/consumers also said that support workers have correct and up to date information to provide them with quality support and services. Elders/consumers were satisfied that changes to their meal preferences were communicated to the with external meal provision service. Support workers described how they document services and supports provided during service delivery.

Elders/consumers said that the service promptly actions their requests for services from third parties and they are satisfied with the services and supports delivered by those third parties. The care coordinator described how they action Elder/consumer requests for a referral for a third-party service. The Assessment Team view of documentation demonstrated timely referral to third party suppliers.

Elders/consumers said that the equipment provided by the service meets their needs and they are satisfied that it is clean and well-maintained. Elders/consumers also explained that the service organised for Occupational Therapists (OT) to visit their homes and complete reports about the suitability of equipment. Care coordinators explained how ongoing assessment and planning processes identify Elders/consumers equipment requirements and how these are actioned. While the service did not have processes and procedures to ensure equipment remains safe and well-maintained, issues with the functionality of the equipment was notified to care coordinators and who organised for repairs and maintenance to be completed.

# 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 recommended that Requirements 5(3)(b) and 5(3)(c) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirements 5(3)(b)

While the service demonstrated that the service environment was clean, well-maintained and comfortable, the service environment was not assessed to be safe. Management could not provide the current annual fire safety statement to verify that the premises’ exit systems and fire safety requirements were complaint. Elders/consumers were satisfied that the service hub was clean and well-maintained and confirmed they can move freely on the premises.

The service’s PCI and approved providers response confirms they have now received the annual fire certificate. I acknowledge that the service has addressed the concerns raised by the Assessment Team and will ensure compliance is maintained with this Requirement. I consider this Requirement compliant.

Compliance with remaining Requirement

While the service demonstrated that furniture and fittings are safe, clean, well-maintained the service did not have an effective system in place for checking the safety of electrical equipment. Management acknowledged that there was a plan to implement electrical testing and tagging procedures and processes but did not provide a date for when this would occur.

The service’s PCI confirms that completion electrical testing and tagging of equipment. I acknowledge that the service has addressed the concerns raised by the Assessment Team and will ensure compliance is maintained with this Requirement. I consider this Requirement compliant.

Requirement 5(3)(a)

Elders/consumers said that the ‘service hub’ is welcoming to them and their family and allows them to connect with others in their community. The Assessment Team observed First Nations artwork displayed, as well as various other pictures and plaques commemorating First Nations culture or other Elders/consumers. Elders/consumers were observed to be participating in activities within the 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Elders/consumers stated they feel comfortable raising feedback with the service and confirmed they feel heard. Management explained the ways Elders/consumers can provide feedback and make complaints including, via support workers, completing feedback forms, emailing and calling the service. Complaints handling policies and procedures guide staff practices in responding to feedback/complaints raised by Elders/consumers or representatives.

While some Elders/consumers were not aware of the advocacy and interpreting services available, Elders/consumers said they are happy to manage their complaints with the service directly. They said they feel safe and comfortable to raise their concerns with support staff and management. The services ‘welcome pack’ and service agreement outlined internal and external complaints mechanisms, advocacy services and the contact information. Support staff demonstrated an awareness of how to support Elders/consumers who may have difficulty communicating to raise any concerns.

Elders/consumers and their representatives were satisfied with the way the service responded to and resolved their complaints or concerns. Management and staff demonstrated an understanding of open disclosure. A review of complaints documentation showed the service acknowledging the concerns, apologising, resolving the issue and keeping the Elder/consumer informed.

Elders/consumers and representatives said they are confident their feedback or complaints would result in the service making improvements to the delivery of care. The governing body receives trend reports, including information about high impact complaints. Management described how feedback and complaints have been used to drive continuous improvement across the service. This is supported by recent actions being taken by the service to implement a new electronic and rostering system to improve communication of service changes and cancellations.

# 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

The Assessment Team recommended that Requirement 7(3)(a) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 7(3)(a)

The service did not demonstrate there was effective systems in place to fill staff absences to ensure the delivery and management of safe and quality care and services. Most Elders/consumers and representatives interviewed were satisfied with support worker availability and confirmed they are offered the choice of another staff member or service delivery being at a different time. For some consumers cancellation of support workers had resulted in them missing medical appointments and not receiving personal care. Staff said they have sufficient time to undertake services in a safe and efficient manner. There was evidence of other organisations being engaged to meet the varied needs of Elder/consumers, including subcontracted care workers for Elder/consumers with higher care needs, allied health professionals and maintenance staff. The rostering team explained new strategies implemented to reduce the impact of roster changes. This had resulted in a reduction in service cancellations for the previous two month and improved communication with Elders/consumers.

The service’s PCI and supporting documentation reflected actions commenced and completed to ensure sufficient staff are available to deliver care and services. The service has a plan in place to implement a new electronic rostering system which will enable staff to communicate rostering changes with Elders/consumers in a timely way. I note interim rostering strategies implemented have been effective in reducing the numbers of cancelled shifts and most consumers interviewed were satisfied with the improvements. The service has recruitment strategies to increase the numbers of support workers. I acknowledge the Assessment Teams observations and consider the actions planned and implemented by the service to be adequate to address the previously identified deficits. This Requirement is compliant.

Compliance with remaining Requirements

Staff explained asking Elders/consumers how they want things done and valuing their individual needs and preferences. Elder/consumers and representatives said staff are kind, caring and respectful. Management described how they monitor staff interaction through meetings, performance reviews and Elder/consumer and representative feedback.

Elders/consumers and representatives expressed confidence in the management and staff. Staff said they participate in induction and complete mandatory and elective training modules. The service completes compliance checks prior to the appointment of new employees which includes appropriate background checks, copies of relevant qualifications, licences and medical registrations. The service had in place a system to monitor the currency of qualifications and competencies.

Staff explained how they are supported in their roles, which includes the service providing orientation, training and buddy shifts. Management described how they use feedback regarding staff to identify individual training needs. Mandatory training is completed on commencement and refreshed annually. The service tracks the completion of mandatory training for staff.

Elder/consumers and representatives were satisfied with staff performance and feel comfortable to report any performance concerns to the office. Staff confirmed that they have regular meetings with their manager and complete an annual performance appraisal. Staff were satisfied any training or development needs are addressed in a timely manner. Management explained how they seek Elder/consumer feedback to assist with the monitoring of performance of subcontracted staff.

# 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

The Assessment Team recommended that Requirements 8(3)(d) and 8(3)(e) were non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirements 8(3)(d)

The service did not demonstrate risks associated with the lifestyle choices of Elders/consumers were documented. The service had no dignity of risk policies and procedures to guide practice. The service demonstrated effective risk management system and processes relating to managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect of Elder/consumers, and managing and preventing incidents. Staff had access to an organisation risk management framework and policies to guide staff in identifying and responding to risk. Management explained how they how use the analysis of incidents to prevent reoccurrence and inform continuous improvement practices.

The service’s PCI documents the planned adaptation of the organisations dignity of risk policies and procedures and implementation to Elders/consumers and staff by 31 May 2024. I note that staff training in consumers rights to choose and how they support these choices will be completed by 1 July 2024. I am reassured the service has addressed the concerns raised by the Assessment Team and has a reasonable plan in place to ensure there is effective processes to support staff to assess risks associated with lifestyle choices and document mitigation strategies. The improvement actions are expected to be completed by 1 July 2024. I consider this Requirement compliant.

Requirement 8(3)(e)

The service did not demonstrate there were antimicrobial stewardship (AMS) policies and procedures in place to guide staff practice. The service demonstrated there is a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Management explained there were no Elders/consumers subject to restrictive practices and staff have access to policies to assist with the identification and minimisation of the use of restrictive practices. Staff could explain open disclosure and there was evidence of this in practice. The executive managers and board of directors have received training and certification in Applied Clinical Governance for Boards.

The service’s PCI and supporting documentation reflected actions commenced and completed to implement AMS policies and procedures. The service also plans to review the clinical governance framework to ensure HCP Elders/consumers are included. I note these actions are in progress and due for completion 31 May 2024. I acknowledge that the service has addressed the concerns raised by the Assessment Team and will ensure compliance is maintained with this Requirement. I consider this Requirement compliant.

Compliance with remaining Requirements

Elders/consumers expressed satisfaction with the quality of the service and said they have input as to how the service is delivered to meet their needs. Management and staff provided examples of how they facilitate consultation and feedback from Elder/consumers and representatives and use this information to improve service delivery.

Elders/consumers and representatives said they were confident the service was run well and responsive to their needs and preferences. Clinical, incident and complaints trends are reported to the governing body.

Staff said they receive the information they need to enable them to provide effective care to Elders/consumers. Elder/consumer information was securely stored in a record management system. Management described the ways they communicate information Elders/consumers to ensure it is easily understood.

The service had a continuous improvement plan that determines the overarching direction of the service with tracking of progress against time frames. Management described how opportunities for continuous improvement are identified via incidents, feedback and complaints.

The service demonstrated there are effective financial reporting processes. HCP Elder/consumer financial budgets and statements are generated each month and any variances are reviewed by the service management. HCP unspent fund balances are reported to the Board monthly. The service has processes and procedures to support Elder/consumers to review any significant unspent funds and seek opportunities for an increase in their care and services.

Management and employees are provided with adequate information to ensure they understand their roles, responsibilities and accountabilities. Management supports the performance of the workforce through regular meetings and an annual performance appraisal. The organisation was effectively monitoring compliance with regulatory requirements. Management described the process for monitoring subcontractor compliance and credentials.

The service records, escalate and tracks feedback and complaints and uses feedback to actively look for ways the service can improve. Review of feedback and complaints documentation confirmed that complaints are responded to in a timely way. Reporting and trending of complaints was reported to management and board meetings to inform continuous improvement.

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)