**Performance**

**Report**

**1800 951 822**

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| Name of service: | Burringilly Respite Services |
| Service address: | 3 Damalis Street WOODRIDGE QLD 4114 |
| Commission ID: | 700253 |
| Home Service Provider: | Burringilly |
| Activity type: | Quality Audit |
| Activity date: | 17 February 2023 to 21 February 2023 |
| Performance report date: | 28 March 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 Burringilly Respite Services (**the service**) has been prepared by M Franco, 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:**

* Burringilly Respite Services, 18117, 3 Damalis Street, WOODRIDGE QLD 4114

**CHSP:**

* CHSP - Personal Care, 4-22CG93V, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Allied Health and Therapy Services, 4-22CG9AS, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Home Maintenance, 4-22CG9JW, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Transport, 4-22CH5AX, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Domestic Assistance, 4-22CH5JH, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Social Support - Individual, 4-22CG9E3, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Social Support - Group, 4-22CH5DO, 3 Damalis Street, WOODRIDGE QLD 4114
* CHSP - Meals, 4-2QDH9L3, 3 Damalis Street, WOODRIDGE QLD 4114

# 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
* the provider’s response to the assessment team’s report received 6 March 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 | **Not applicable as not all requirements have been assessed** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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.

Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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.

Requirement 8(3)(d) Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

Requirement 8(3)(e) Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

# 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

At the time of the performance report decision, the service is:

* Supporting consumers to act independently, make their own decisions and take part in their community.
* Recognising consumers’ individuality and their right to make their own decisions about the care and services they receive.
* Providing consumers with sufficient information to make informed choices about the care and services they receive.
* Respecting consumer’s privacy and protecting the confidentiality of their personal information.

The service demonstrated that consumers are supported to take risks if they choose and that steps are taken to mitigate the potential impact of risks when possible. Staff described the importance of discussing the potential risks with consumers and allowing them the freedom to continue be supported in taking those risks if they choose.

The service was able to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. Consumers are provided with resources to understand how their personal information will be used, and their consent is sought prior to disseminating their information with other providers involved in their care. Staff stated consumer information is stored both electronically which requires a password to access and a locked filing cabinet for paper-based files. Consumers confirmed the staff understand their individual needs, preferences and they are supported to exercise choice about how their services are delivered, this includes making decisions about when to involve family or others in their care. Management stated consumers have control over how their services are structured, subject to availability.

# 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. | Non-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

At the time of the performance report decision, the service is:

* Partnering with consumers/representatives to ensure that assessment and planning are effective in assessing individual consumers’ needs, goals and preferences.
* Supporting consumers to live their lives with dignity.
* Documenting consumers care and services plan including regular reviews and risk assessments.

At the time of the performance report decision, the service is not:

* Effectively planning and documenting to inform the delivery of safe and effective care and services.

Assessment and planning by the service identified and addressed consumers’ current needs, goals and preferences. Care plans reviewed did not include strategies for risk related care, however, it was evident that there was sufficient general information to guide staff in how to provide care that was tailored to the individual needs of the consumers and supported their general needs. Consumers interviewed said they felt staff understood their needs and met their preferences. Staff and management described what was important to the consumer about how their care is delivered and provided examples of how care staff delivered care and services that meet their needs, goals and individual preferences. Interviews with care staff demonstrated they know the consumers well including their likes and dislikes and provided examples of how they meet the consumer’s individualised needs. A review of care planning documentation confirmed care plans are reviewed at least annually and more often when changes or incidents occur. Consumers said staff regularly communicate with them about the service they receive and make changes to meet their current needs. Staff undertaking reviews could describe the process and under what circumstances a review or reassessment may be required.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

At the time of the performance report decision, the service is:

* Delivering personal and clinical care that is best practice and meets the needs of each consumer.
* Safely managing risks and achieving positive outcomes for consumers with high impact or high prevalence risks including risks associated with falls and cognitive decline.
* Consistently documenting and communicating information relating to consumers’ condition, needs and preferences within the organisation.

At the time of the performance report decision, the service is not:

* Safely documenting or managing risks for consumers with high-impact or high- prevalence risks.

Consumers sampled reported the personal and clinical care consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff had a good understanding of each consumer’s general needs, goals and preferences relating to the delivery of that care. The care management team said the registered nurse (RN) will guide care staff through processes for simple clinical care needs such as for small wounds, in addition to educating them on noticing changes in consumer’s health and well-being. Care planning documentation included consumers individual risks, however, strategies or guidance for staff who provide services to consumers could not be evidenced by the Assessment Team. Staff and management said staff rely on the Communications Book for information and their own knowledge and/or feedback from consumers/representatives to minimise consumers’ risks. However, the service could not evidence that this practice provided adequate management or prevention of identified high-impact and high-prevalence risks. Management were unable to describe the high-impact and high-prevalence risks at the service and could not demonstrate how the service monitors and adjusts practices in relation to these risks for consumers.

Care planning documentation did demonstrate that all high-impact or high-prevalence risks had been identified but the service could not demonstrate how they are effectively managed. Care plans reviewed did not include risk prevention or minimisation strategies to manage all-high impact and high-prevalence risks for consumers. The Assessment Team reviewed hard copy care plans and digital progress notes on the CMS but could not evidence that consistent progress notes and current risk management strategies were recorded. Interviews with staff, management and a review of care documentation identified the service has processes in place to support staff to identify and notify others of changes in a consumer’s condition. For consumers sampled who experienced deterioration or a change in their condition, this was identified, reported and followed up with appropriate referrals arranged as required. The service demonstrated sufficient information about consumer’s general needs and preferences, however, does not have adequate processes to document and communicate information regarding consumers risk management strategies. Staff confirmed there are care plans in consumers’ homes that they can refer to if needed. Staff and management explained how the care management team provide verbal updates daily about consumer’s care and service needs upon the commencement of their shifts. The service was not able to evidence that sufficient care planning documentation demonstrated that adequate information was available to support effective and safe care to manage high-impact and high-prevalence risks.

# 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

At the time of the performance report decision the service is:

* Providing a wide range of options for consumers to support them to live as independently as possible, enjoy life and remain connected to their local community.
* Promoting the emotional and psychological well-being of consumers through empathy, compassion and connection between consumers and members of the workforce.
* Ensuring timely and appropriate referrals to individuals, other organisations and providers of other services.

Consumers said they are satisfied that information about their care and services is shared within the service and with others involved in their care. Consumers reported they are attended by regular care staff and confirmed those staff have good knowledge of the care and services they need. Kitchen staff providing food for the respite centre knew consumers preferences and dietary requirements off by heart and also had them displayed on the fridge, in addition to keeping the consume files in a folder nearby

# 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

At the time of the performance report decision, the service is:

* Creating a welcoming service environment that optimises each consumer’s sense of belonging and interaction.
* Enabling consumers to move freely, both indoors and outdoors.
* Ensuring the service environment is safe, clean, well-maintained and comfortable.
* Ensuring furniture, fittings, and equipment are safe, clean, well-maintained and suitable for the consumer.

The Assessment Team observed the environment consumers are present in at the respite centre. All areas observed were clean, organised and well-maintained with adequate number of tables and chairs to accommodate the consumer comfortably. Consumers had free movement throughout the service environment and were observed by the Assessment Team moving freely both indoors and outdoors.

Consumers reported that management and staff maintain the service environment well and that it is always clean. Staff described the process for reporting maintenance issues as they occur in addition to an annual review for general maintenance and/or replacement of equipment. The Assessment Team observed safe, clean, and well-maintained furniture, fittings and equipment in the service environment. The service has maintenance staff to ensure the centre and the connecting outdoor areas are well maintained. Management described the process for cleaning equipment and maintaining the service environment and said there are processes in place to ensure furniture and equipment is purchased following assessments to determine safety and suitability. Management said furniture or equipment that is donated go through a safety check and are repaired as required to meet safety standards.

# 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

At the time of the performance report decision, the service is:

* Supportive of consumer’s providing feedback and uses open communication when responding to complaints.
* Responding to all feedback in a timely manner, acknowledging concerns, maintaining confidentiality and involving the consumer in the resolution.
* Reviewing and analysing all feedback to inform improvements for the consumer and on a broader scale across the organisation.

Consumers provided positive feedback when asked if they are encouraged to provide feedback regarding care and services. Consumers said they are often asked for feedback about the quality of care and services, that feedback is sought during their annual review process and in consumer surveys. Consumers are provided with information on how to access translation and interpreting, communication support and advocacy services. The consumer is informed of their right to contact the Aged Care Quality and Safety Commission (Commission) to make a complaint and contact details are provided. It is worth noting that the contact details for the Commission was not current. This was discussed with management during the assessment, they acknowledged the error and are in the process of updating the details. The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Management and staff understood the most common types of complaints and feedback provided by consumers/representatives. The Assessment Team identified documentary evidence that the service regularly seeks feedback and acts upon it when appropriate.

# 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. | Non-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

At the time of the performance report decision, the service is:

* Demonstrating the workforce is recruited, trained, equipped and supported to deliver the outcomes in accordance with the Aged Care Quality Standards (Standards).
* Providing the workforce with guidelines and training to support the delivery of a quality meal service according to consumers’ needs and preferences.

The service demonstrated that the workforce is sufficient to ensure the delivery and management of quality care and services. All consumers provided positive feedback regarding the services provided. In relation to continuity of care, consumers provided positive feedback and the service had minimal disruptions. Consumers said they are updated about late attendance or are able to reschedule as needed. This feedback was reflected in the service’ annual survey and staff interviews. The service engages with brokered services as an alternative option if they are short on staff. Staff advised they felt they had enough time to perform their duties and did not feel rushed. They also reported at times, they are offered overtime. The service demonstrated the workforce are competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers sampled confirmed that they felt staff were competent. All consumers interviewed stated that staff treat them with kindness and respect their individuality. Staff advised they rely on the communication booklet and consumer’s care plans to ensure services are delivered in line with their needs and preferences. Consumers reported they had not experienced any instances of them being mistreated or disrespected by staff and stated they would report it immediately if it were to be observed.

The service demonstrated assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has an annual performance appraisal and development process for newly employed and existing staff. Staff confirmed they were supported in their performance review process. Management described their process for monitoring staff performance. Contractor performance is monitored through positive and negative feedback from consumers. The service engages with their contractors regularly and provides them with updates of the services as well as any changes to the consumer’s needs and preferences. Where concerns are raised, action is taken promptly to address issues.

# 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. | Non-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. | Non-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. | Non-compliant | Not applicable |

Findings

At the time of the performance report decision, the service is:

* Engaging and supporting consumers in the development, delivery and evaluation of care and services
* At the time of the performance report decision, the service is not:
* Utilising an effective risk management systems and practices to identify and assess risks and support consumers to live the best life they can.
* Providing an effective delivery of safe quality care and services through established governance systems.
* Supporting consumers through an effective clinical governance framework.

Consumers sampled provided examples of where they have provided feedback to the service, including through annual surveys and speaking to staff and management. Consumers expressed satisfaction with the quality of the service, said they are comfortable and are able to have their input into the care and services they receive. The service seeks input from consumers/representatives through feedback processes, including 6 monthly planning sessions which are designated to identify any clinical concerns as well as nominating/updating their interests and personal preferences. This is in addition to their annual reassessments; which consumers have consistently reported occur. Management expanded on how feedback from consumers/representatives feed into broader service improvements.

The service does not have effective organisation-wide governance systems relating to information management.

Information management

Consumers reported that they are able to access information about their care plans and have a copy at their house. They also expressed that the services and staff have a clear and detailed understanding to guide them to understand their roles and key responsibilities.

Continuous improvement

The organisation currently has a continuous improvement plan (CIP) in place. The Assessment Team sighted the CIP and management confirmed that the register entries comprised of major incidents and issues identified through consumer feedback and incident data. Management advised that the CIP is discussed frequently with their board members and consultants to address the areas identified in the plan.

Financial governance

The service has financial governance systems and processes to manage the finances and resources required to deliver a safe and quality service for their consumers. The care management team has oversight of the service’s income including consumer’s unspent funds. Surplus funds are reviewed in partnership with consumers/representatives to manage the unspent funds. The intention is to focus on delivering and improving the consumer’s quality of life and utilise unspent funds on equipment, assessments and/or increasing the delivery of service in accordance with the consumer’s requirements and consent. Monthly statements include income and expenditure, including an itemised list of the care and service provided, and ongoing balance.

Workforce governance

Management and staff are provided with a job description and have a clear understanding of their roles, responsibilities and accountabilities. The service supports and develops its staff to deliver safe and quality care and services. Staff performance is reviewed annually with ongoing training opportunities and support. Agency and brokerage staff are provided with sufficient information and expectations by the service during their onboarding process and through regular communications with the service.

Regulatory compliance

The service has an ongoing subscription service which provides them with updates on the relevant/applicable legislation. The service has also engaged 2 consultants working onsite as another layer to ensure they adhere to the relevant and applicable legislation.

All staff and contractors are required to possess a current police certificate and other relevant qualifications required to perform their roles such as a current certificate of registration by the Australian Health Practitioner Regulation Agency for allied health staff. Contractors are required to possess additional information such as a current certificate of currency for their Public Liability, completed indemnity form and State/Territory issued driver’s license. The service generates a credential report that is automatically sent to staff members as a reminder to renew their relevant license.

Feedback and complaints

The service responds to feedback and complaints fairly, promptly, confidentially and without retribution. There is an established system for logging, escalating, tracking feedback and complaints, ensuring these are handled promptly and outcomes are evaluated. Feedback and complaints are recorded and processed through their continuous improvement mechanism.

The service promotes a dedicated feedback and complaints phone number and annual feedback surveys. In addition, the service engages with consumers/representatives every 6 months for a personal and clinical review and acts as another route for the service to obtain feedback from consumers/representatives.

The Assessment Team sighted a policy pertaining to restrictive practices, however, it did not include any procedures to guide staff in identifying, responding to and preventing restrictive practices. Management has acknowledged this deficiency and will include restrictive practices into upcoming training sessions.

The service has responeded to the Assessment Team Report and has implemented a number of strategies to address immediate risk and address the non-compliance moving forward.

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)