**Performance**

**Report**

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| Name: | CCNB Ltd |
| Commission ID: | 200034 |
| Address: | 20 Rodborough Road, FRENCHS FOREST, New South Wales, 2086 |
| Activity type: | Quality Audit |
| Activity date: | 10 April 2024 to 11 April 2024 |
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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: 658 Proveda Ltd  
Service: 19377 Community Care (Northern Beaches) Ltd  
Service: 17477 Community Care Northern Beaches Flexible Care - EACH  
Service: 17686 Northern Beaches Community Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7552 Community Care (Northern Beaches) Ltd  
Service: 24426 Community Care (Northern Beaches) Ltd - Care Relationships and Carer Support  
Service: 24425 Community Care (Northern Beaches) Ltd - Community and Home Support

**This performance report**

This performance report for CCNB Ltd (**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.

# 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 16th 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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

Consumers and representatives said that the service treats them with dignity and respect, and that their identity, diversity, and culture is know and valued. Staff interviewed said that treating consumers with dignity and respect involved making sure consumer choices are heard and adhered to, asking for consent to undertake supports and enter the home, and ensuring that consumers understand and are agreeable to the supports and care being provided. The Assessment Team observed several telephone interactions between staff and consumers and noted that staff treated consumers with dignity and respect.

Consumers and representatives said the service knows what is important to them, and that staff providing them with services and supports, know, and understand them. Staff interviewed said that they know about Translating and Interpreting Service (TIS), and that they would make sure they would link consumers with TIS if required. The Assessment Team sighted consumer care planning documentation and noted that consumer information includes culturally specific and linguistic goals, including if a cultural or language specific support worker is required.

Consumers and representatives said they are able to make choices that enable them to maintain their relationships and are able to communicate their preference in relation to their care and services. Consumers and representatives reported how receiving care and supports from the service, assisted them to maintain their independence. Staff interviewed spoke about what it means to enable consumers to maintain independence including ensuring they are provided up to date information, advice, guidance, a choice of services and supports, and undertaking and maintaining dignity of risk.

The service could demonstrate that they supported consumers to take risks and live the best life they can. Consumers and representatives advised that they feel supported to take risks and live the best life they can. Management reported that during the care planning process, initial information is gathered from the My Aged Care (MAC) assessment, and then working with the consumer, a safety plan is undertaken which includes capturing psychological and physical wellbeing. The process identifies risks and identifies mitigation strategies for the risks.

The service could demonstrate information is provided to consumers that enables them to exercise choice. Consumers and/or representatives said that they receive information, which is useful in deciding care and supports, for example, a consumer (HCP 4) said that they get a newsletter which has ‘useful information’. The Assessment Team sighted CHSP and HCP consumer agreements and noted that each consumer type and level had individualised agreements including for HCP consumers, costings specific to the package level.

The service could demonstrate consumer privacy is respected and kept confidential. All consumers and/or representatives advised that the service and staff respect their privacy. To ensure consumer confidentiality, management advised that only basic information is sent to external providers prior to services being undertaken, to protect consumer privacy. Staff interviewed could provide examples of how they respect consumer privacy including ensuring that they close down their computer when not using, destroying paper copies if sensitive consumer information is displayed in secure shredder bin, ensuring that electronic consumer information is attached to the correct consumer, and not talking about clients in front of others.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 1 of the Aged Care Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

All consumers and consumer representatives provided positive feedback on assessment and care planning processes and the support and services they receive. Assessment and planning are conducted by the care coordinators of CHSP and HCP services, and in partnership with clinical advisors where relevant. Validated assessment tools and risk assessments (safety plan) are completed for each consumer during the development of care plans. All consumers and consumer representatives said the staff knew them well and provided support that met their needs and expectations.

Consumers and consumer representatives confirmed they received an assessment that included discussions of their needs, goals, and preferences. Care coordinators stated they use an assessment and planning tool to conduct assessments and they are guided by the assessment and planning procedural document for continued assessment. The Assessment Team observed staff in the office scheduling appointments with consideration for consumer preferences.

Consumers and consumer representatives interviewed stated that they had decided on the care and services the consumer receives. All consumers and consumer representatives reported that the service made it easy for them to be involved in the process and encouraged them to make decisions about their services.

Consumers and consumer representatives interviewed all described services the consumer receives, the frequency (days/times) and staff providing the service. Care workers and service partner providers all told the assessment team they have enough information at the point of care and service delivery to complete their tasks. For example, one care worker advised they receive instructions in shift care application on their phone which is displayed once they log in to a service. They said they check the instructions daily because they know tasks do change. Care documentation reviewed (approximately 20) all evidenced care plans and scheduling of services are current.

The service demonstrated care and services are reviewed regularly or when consumer needs changed. Assessment and planning and reviewing of supports is guided by the organisations ‘Customer assessment and Care planning policy’, which guides process and frequency of reviews. The service has a system to monitor the scheduling of care plan reviews.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 2 of the Aged Care Quality Standards.

# 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

Consumers and consumer representatives sampled, said consumers are satisfied that the personal and clinical care they receive is safe and meeting their needs. The clinical advisors, registered nurses and care workers interviewed demonstrated that they understand the individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers reflects individualised care that is effective and tailored to the specific needs and preferences of the consumer. The service has policies and procedures in place to support the delivery of care provided, such as wound management, restrictive practice, falls prevention, skin integrity, and medication management. The Assessment team did not sample CHSP consumers receiving personal or clinical care, however these consumers are assessed through the lens of HCP consumers receiving the same services from the same service providers. All staff including clinical and allied health professional service partner providers stated they were confident in identifying restrictive practices. The organisation has a policy on restrictive practices, and this contains guidance on recording consent from the consumer of those representing them.

The service was able to demonstrate the high prevalence risks for its consumers including, but not limited to, falls, behaviours and vulnerability (including elder abuse) are effectively managed. All sampled consumers and their representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff could provide examples of how they provide strategies in managing and preventing consumer falls. Care planning documentation identified effective strategies to manage key risks.

Consumers and consumer representative feedback was mixed in relation to discussions surrounding end of life care planning, some consumers said it was discussed in the beginning, while others said it may have been discussed. Staff and management said consumers who are nearing the end of life are supported in a way that ensures their needs, goals and preferences are known and comfort is maintained. The service refers to medical practitioners when a need is identified. Staff discussed linking with providers of palliative care services in the community and listening to the needs and goals of consumers. The CHSP coordinator said they do not prompt for end-of-life discussion during assessment and planning as most of its services are domestic assistance however stated they would feel comfortable and know how to capture this information if required as they have a clinical background.

Consumers and consumer representatives interviewed said they are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to, for example skin changes. A review of care planning documents, progress notes and charting demonstrated that deterioration in a consumer’s health, capacity and function are recognised and responded to.

The service delivers services primarily via a brokerage-based model, with approximately 150 partner providers delivering care and services to both CHSP and HCP consumers. To support the sharing of information between these partners the organisation has recently implemented a service provider platform. A sample of care documentation demonstrated correspondence between brokered service partner providers, including nurses, physiotherapists, medical officer, dietitians, aged care assessment teams, and that consumers conditions are communicated well within the organisation and with others where care is shared. Consumers and consumer representatives stated that they felt that care workers knew what they were doing, and they had not needed to repeat instructions or direct them.

The service provided evidence that timely and appropriate referrals are made to the organisation’s service provider partners of clinical and allied health services. Registered staff describe the process for referring consumers to health professionals and allied health services. For consumers sampled, care planning documentation reflected referrals to a range of clinical and allied health professionals.

At the time of the Quality audit the organisation’s antimicrobial stewardship policy was in draft. Updates included actions to align with the aged care standards, notably, guidance to keep consumers up to date with current stewardship guidelines. The clinical governance committee has oversight of antimicrobial stewardship policy and processes. Management and relevant staff advised if they are made aware of a consumer being on antibiotics, it is documented in the in the electronic care management system and recorded who implemented them. Consumers and consumer representatives consistently described the use of personal protective equipment used by staff.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 3 of the Aged Care Quality Standards.

# 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. | Not Applicable | Not Applicable |
| 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the consumers receiving individual social supports, asked the workforce how they ensure consumers are provided with the services and supports that are important to their wellbeing and reviewed relevant documents. Most sampled consumers told the Assessment Team they get the services and supports for daily living that are important to them and that enable them to live as independently as possible and enjoy life. A review of documentation and interviews with management and the workforce, confirmed there are documents and procedures that support the workforce to deliver services according to the consumer’s preferences. A sample of support plans consistently recorded consumer goals, needs and preferences.

The Assessment Team reviewed supporting documentation including assessment and care planning which outlined consumers mental health statuses and consumer specific details including, religious and spiritual connections that are actively considered by the service. All staff receive training and education in the Aged Care Standards including those to support this requirement.

The service demonstrated that services and supports for daily living assist consumers to take part in the community, interact with others and do things of interest to them. This information aligned with feedback from consumers and consumer representatives.

Consumers and consumer representatives said consumers are informed about consenting to information being shared with others about them. The workforce described how the organisation keeps them informed of consumers’ needs, preferences, and any changes to the consumer’s condition. The workforce described how they contact the service and write notes in the shift notes on their mobile application when there are any changes. Care coordinators and service partner providers described how this information is shared within the organisation and with other providers of care and services. Documentation demonstrates evidence of communication with the consumer and consumer representative when other providers are involved in care and services.

The organisation delivers services primarily via a brokerage-based model and works closely with a large pool of (approximately 150) partner providers. Partner providers of care and services include, care workers, allied health professionals, cleaners, gardeners, and trades persons. Referrals to the service partner providers are tasked and tracked via a live service platform and care coordinators described the process of monitoring referrals.

Consumers and consumer representatives were satisfied with the equipment provided to them through their home care packages. Consumers and staff did not describe any concerns with the quality or safety of the equipment used to provide care and services to consumers. Management advised where equipment has been provided for consumers to use in their home, it is assessed for suitability and safety by an appropriate allied health professional.

Requirement 4(3)(e) was deemed as not applicable as the provider does not provide meals.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 4 of the Aged Care Quality Standards.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Standard 5 has been deemed Not Applicable as the service does not provide supports in its own 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

The service was able to demonstrate that consumers and/or representatives were encouraged and supported to provide feedback. Consumers and representatives sampled said that if they had issues, they would have no hesitation in contacting the service. Management advised that consumers receive a service agreement which includes information on how to make complaint. In addition, there is a brochure which provides information to help clarify feedback from complaints; information on the service’s website; and where a consumer has contacted the service, care coordinators will ask consumers if they want to lodge a complaint. Staff advised that consumers are contacted monthly to ascertain they are happy with the supports and services they receive.

The service could demonstrate that advocacy services are used by the service; and that information for language and complaints services were provided to consumers if required. Management advised that consumers and/or representatives are provided a copy of an information pack at commencement, which contains information on how to lodge a complaint, information for the Older Persons Advocacy Network (OPAN), Mental Health Advocacy Service, and the Commission. The Assessment Team noted that this information was contained in the information pack.

Most consumers and/or representatives said that they don’t currently have any complaints but knew that they could call the service if they did have one. The service has an Open disclosure policy.

The service could demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. All complaints and feedback are recorded into complaints register where trends can be identified. Consumers and/or representatives spoke about how they had made a complaint or had provided feedback, and this had resulted in changes to their care and supports. Management reported that twice a week, the manager of quality risk and the quality and policy officer meet to discuss incidents and complaints received; and to identify trends. Data is then presented to the Leadership team for discussion; and tabled at the clinical governance committee meeting, where the clinical lead from Board attends.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 6 of the Aged Care Quality Standards.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives said that staff had enough time to complete supports and services. Overall, consumers and/or representatives said that staff always turn up on time. Management demonstrated how services are filled. Basic consumer information including the skills required to undertake the service, preferred gender of staff, preferred service times, and any languages spoken; are sent to possible brokered providers. Those who can undertake the service, accept the request, automatically populating the consumer rostering schedule. Management reported that under the brokerage model, unfilled shifts are firstly filled by the brokered provider using their staff availably. If they are unable to fill the shift, they must contact the service, who will reach out to another brokered providers from their pool and fill the unfilled shift.

The service could demonstrate that interactions by staff with consumers, were kind, caring and respectful. All consumers and/or representatives sampled said that the service and staff are caring and respectful; and all said they felt safe. Management advised that they have not received complaints from consumers and/or representatives regarding disrespectful behaviour from staff, and staff interviewed said that they have never witnessed disrespectful behaviour from other staff. The service has policies relating to how the service interacts with consumers and/or representatives, including an Inclusive and safe language policy.

The service could demonstrate that internal and brokered staff delivering services were competent and had knowledge to undertake their roles. The service model utilises external brokered providers to deliver all aspects of services, including domestic assistance, clinical care not provided by the service, personal care, garden and home maintenance, and allied health. A review of the service agreement between the service and brokered providers stipulates that brokered staff must undertake ongoing professional development and complete training if requested by the service and allocate staff who are competent and appropriately qualified to provide the care and supports requested by the service. All staff providing personal care must hold a minimum of a certificate III in Individual Support.

The service was able to demonstrate that staff were trained and supported to deliver all outcomes required by the Standards, and through the contractual obligations of brokered services, all staff employed by third party providers, must have all necessary training to meet the Standards. Management reported that all staff have undertaken Serious Incident Response Scheme (SIRS) training as part of the mandatory onboarding process. The Assessment Team sighted that all staff must attend and complete the training in the training schedule. Management said that where possible, staff are recruited from inside the sector where possible. Due to the current shortage of skilled coordinators, the service has a development program which enables staff to undertake training. Training is developed internally and is aligned to the service programs. Staff are supported by the Learning and development coordinator to attain the necessary skills to undertake home visits.

Consumers and/or representatives sampled said that if they had issues, they would have no hesitation in contacting the service. Management advised that consumers receive a service agreement which includes information on how to make complaint. In addition, there is a brochure which provides information to help clarify feedback from complaints; information on the service’s website; and where a consumer has contacted the service, care coordinators will ask consumers if they want to lodge a complaint. Staff advised that consumers are contacted monthly to ascertain they are happy with the supports and services they receive. During the conversation, consumers are asked if they have any complaints or concerns. The Assessment Team sighted consumer care planning documentation, and noted where consumers are provided the opportunity to provide feedback and complaints during monthly contacts. The service has a complaints policy and a procedure which provides a flow chart of accessioning and responding to complaints received.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 7 of the Aged Care Quality Standards.

# 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 service has formed a consumer advisory committee, where outcomes are reported to the Board. While the advisory committee is currently chaired by the manager of quality and risk, it is hoped that in future, the committee will be chaired by a consumer or representative. The service could demonstrate that information seeking membership to the advisory committee is ongoing. The service contacts all consumers at least monthly as part of ongoing wellbeing checks, and the service uses the contact to seek feedback on supports and care being undertaken. The service undertook a consumer survey in 2023, and the summarised results were tabled and presented to the Board for consideration.

The service demonstrated that the governing body promoted safe and inclusive care, and considered information including risks, complaints, and feedback at Board meetings. Management advised that some policies are reviewed annually due to them being deemed critical to the organisation. To ensure reviews are undertaken, the service has developed a document register for all policies. When a new policy is required, management said they will write from scratch. All governing body members must declare any conflict of interests at all meetings and sign the aged care code of conduct.

Management advised that the service regularly reviews complaints, feedback and incidents, and that trends or root cause analysis is discussed at the service and quality group, and then incorporated into the continuous improvement register. The Assessment Team sighted inclusions discussed at this meeting for inclusion into the register. The service demonstrated they have effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. The Assessment Team sighted position descriptions for staff and management roles, and noted that positions have clear core objectives, qualifications required, and detailed skills and competencies. The service records feedback and complaints and could demonstrate that the information collated is used to improve care and supports. The complaints register provided contained detailed information, including dates, investigation processes, correspondence and communication, and status of the complaint.

The service could demonstrate that effective systems are in place to manage high-impact or high prevalence risks; support consumers to live the best life they can; and have in place systems to manage and prevent incidents. Staff and management advised that they had undertaken training on Identifying and responding to abuse. External providers interviewed advised that staff had undertaken training on abuse and neglect. Management advised that incidents are assessed, and trends identified. Where a risk has been identified in providing consumer care, the service could demonstrate that strategies to mitigate the risk were developed and incorporated into care planning documentation.

The service could demonstrate a clinical governance framework and has a clinical governance committee that meets regularly. The clinical lead from the Board is a committee member. Regular agenda items include complaints and feedback, and the use of restraints.

Based on the evidence summarised above, I find the provider, in relation to the service compliant with Standard 8 of the Aged Care Quality Standards.

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)