**Performance**

**Report**

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| Name of service: | Clarence Estate Home Care |
| Service address: | 73 Hardie Road ALBANY WA 6330 |
| Commission ID: | 500104 |
| Home Service Provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 22 June 2023 to 28 June 2023 |
| Performance report date: | 23 August 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 Clarence Estate Home Care (**the service**) has been prepared by M Cooper, 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:**

* Clarence Estate Home Care, 26673, 73 Hardie Road, ALBANY WA 6330

**CHSP:**

* Day centre respite, 53 Hardie Road, ALBANY WA 6330

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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

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

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)

The Approved Provider demonstrated that it treats consumers with dignity and respect whilst respecting their values and culture. Consumers and their representatives said staff are respectful and knew what was important to them when providing care and services. Consumer care documentation articulated what the consumers’ needs and preferences are and is regularly reviewed. Support workers could describe how they provide support and know what’s important to consumers.

The Provider demonstrated that the care services they provide to consumers is culturally safe. Consumers and their representatives said that support workers were aware of and supported their needs and preferences whilst providing care. It was also noted that staff had received training in providing culturally safe care.

Each consumer is supported to make their own decisions about their care and can choose who and when others should be involved. Consumers independence and choice is promoted by staff with documentation showing that consumers are being consulted about the care services they receive.

The Provider demonstrated that each consumer is supported to take risks to enable them to live the best life they can. One consumer’s representative said that the Provider takes the consumer every six weeks to go shopping and for local appointments the consumer is likes to drive herself which is important for her to maintain her independence. The representative said that the Provider is aware of this and supports they consume in her choices. A review of care documentation showed that refers to allied health professionals were made with consumer risk assessment forms were completed to record consumer choices.

Information is supplied to consumers by the Provider in a timely and easily understood format using different channels so that consumers have information with which to make informed choices. The representative for one consumer said that she received the agreement which clearly explains the fees and that the consumer handbook, newsletters and website and the website has a lot of information.

The Provider has policies and processes in place to ensure that consumers confidentiality and privacy is maintained. Staff could explain how they ensure private and confidentiality is maintained when providing care services. None of the consumers or their representatives raised any concerns about the lack of privacy or confidentiality. The provider also demonstrated that all consumers information is stored securely and password protected.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 1.

# 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

Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d), 2(3)(e)

The Approved Provider demonstrated that it effectively assesses and plans the care and services required by each consumer in the following ways. Consumer said that they know the names of their coordinators and confirmed that the assessments were carried out in their homes. Staff could explain that information from My Age Care and new consumers is documented and reviewed by coordinators some of whom have clinical qualifications to assess the care needs of the consumer. This approached was confirmed in care planning documentation that revealed the care and clinical assessment was conducted before the consumer commenced with the service. Further to this, risks to consumers are identified using validated assessment tools and strategies are developed to minimise those risks.

Coordinators stated that the assessment forms have been created to capture and address the consumer’s needs, goals and preferences. The Provider has policies and procedures in place in relation to advance care and end of life planning to ensure that these issues are raised with consumers if they wish to have that discussion. Staff and consumers stated that they notify coordinators if there are any changes to their needs, goals, preferences and end of life wishes.

When interviewed consumers said they felt comfortable talking to their coordinators about how and when their services are delivered. One consumer said that her coordinator is always there, she can ring her with any problems and she fixes things. Another consumer has nominated her daughter as her enduring power of guardianship and has instructed the Provider that all communications must go through her daughter. The Provider confirmed that this consumer’s preferences were recorded in her care documentation. The Provider also stated that if a consumer is supported by a guardian or receive services from other Providers they are involved in the care planning and assessment as appropriate.

The Provider was able to demonstrate that planned services are documented in care plans along with detailed instructions as to how those services are be delivered. Consumers stated that they understood the services that they are receiving and know that they could refer to the copy with their care plan in the in-home file. Care plans were reviewed and revealed how services are linked to goals and preferences and included detailed information about how the services are to be delivered.

The Provider demonstrated that every consumer is reviewed at least annually and when circumstances change. Consumers also said that their services were reviewed after events such as falls or hospitalisation. Both staff and management could describe the processes that are used to implement reviews following a change in circumstances or incidences.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 2.

# 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. | 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

HCP Requirement 3(3)(a), 3(3)(b), 3(3)(c),3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

The Provider has policies and procedures in place to ensure that when consumers require personal or clinical care it is tailored to their needs and preferences. Staff and management described how the coordinators assessing and planning the personal and clinical care are registered or enrolled nurses trained in best-practice. The nurses are supported by a qualified clinical team and trained support workers. A review of documentation showed that an over-arching clinical governance framework is in place and includes policies and procedures that guide staff. The Provider maintains consistent levels of best practise through with a review of processes, regular feedback from consumers, workers and allied health professionals which leads to staff receiving regular training when appropriate. One consumer said the staff are very good at providing her catheter care and that the Provider’s staff were better than the nurses in the local hospital.

The Provider demonstrated that high impact and high prevalence risks are being managed in the following ways;

* Staff have received training in how identify and manage actual or perceived risks.
* Risk management policies and procedures are on the Provider’s intranet site.
* Staff gave examples of risks that are prevalent amongst the consumers and the fact that the speak with consumers to mitigate these risks.
* Staff assess consumers falls risks, give them guidance on how to avoid falling, encourage them to adopt safe practises when they do not follow advice and provided them with alarm so they can call for assistance.

One consumer who had recently completed a clinical assessment noted the full detail of his medical diagnosis which included Alzheimer’s and recurrent falls. The Provider used validated assessment tools such as Psychogenetic Assessment Scale (PAS), Braden scale and falls assessment to complete the risk analysis.

The Provider has policies and procedures in place to ensure that a consumers advance care and end of life plans are discussed as soon as they commence receiving services. These discussions include when they enter a palliative stage of treatment with clinical staff describing the processes that have been implemented to that ensure the consumer 's comfort is maximised. The care documentation for one consumer states that they recently been referred to palliative care for symptom management and that his wife has declined the need for palliative care involvement at this time.

Through the use of systems, processes and education, staff are guided in recognising and responding to consumers who may be undergoing a change or deteriorating. When interviewed staff were clear about their responsibilities in relation to reporting signs of deterioration. As staff consistently provided care the same consumers they are in a position to recognise deterioration when it happens. If they are not familiar with the consumer then they are guided by the care plan. The Provider said that when deterioration is noted in a consumer, the coordinators will immediately assess information, decide the next steps such as referrals for immediate clinical assessment. One consumer who was anxious about falling during shower chair transfers had her coordinator review the situation and a referral was made to a physiotherapist who provided a number of recommendations to address this change in the consumer.

The Provider has policies, procedures and system in place to ensure that consumers care plans are communicated within the organisation and others where responsibility for care is shared. Support workers could describe how they obtain information by accessing the electronic app on their phones. In addition to this, care plans and progress notes are stored in the consumers in-home files. The Provider and its staff could also describe how information is shared between various people such as doctors, physiotherapist etc.

The Provider has an effective antimicrobial stewardship practise in place as appropriate to in-Home Care Services. The Provider also has effective policies and procedures to minimise infection related risks including transmission based infections. When interviewed consumers and staff could explain the measures being taken to reduce the transmission of infection. The Provider ensures that masks are worn by consumers and staff whilst at the day centre and during face to face interactions. Staff have also been trained in the use of and provided with personal protective equipment, hand sanitizer and gloves.

Clinical staff stated that they address antimicrobial stewardship by;

* Educating consumers to take their antibiotic medication on time and complete the course of drugs.
* Encourage consumers to drink more water to reduce the risk of urinary tract infections (UTI)
* Test for suspected UTI and refer to a General Practitioner for pathology when required.
* When managing a wound dressings, swabs are taken to determine if antibiotics are required.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all applicable Requirements in Standard 3.

# 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 | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Requirement 4(3)(a) 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g)

The Approved Provider demonstrated that the need to optimise the consumers independence, safety, health, and quality of life is a primary concern. When interviewed consumers stated that they were satisfied with the supports they were receiving and acknowledged how they had an improved quality of life. Staff were able to describe how they assist consumers to maintain independence and documentation reveal that stuff were educated in encouraging enablement. One consumer stated that her support workers know that she loves gardening and will help her to plant and tend to her vegetable garden. A profile for each consumer is maintained at the day centre and is made accessible to all staff. The profile contains information on the consumers allergies, food preferences, health and medical risks along with strategies to manage these risks.

The Provider was able to demonstrate that the psychological well-being and spiritual beliefs of its consumers were considered during assessment and reviews and used to inform decisions about how services and supports were provided. Consumers gave many examples of how staff and services they received support their emotional and psychological well-being. Staff gave examples of how they support the spiritual and emotional needs of consumers when planning and delivering services and care. When interviewed one consumer stated that she didn't know how she would have coped with losing her husband without the support and care from her support workers. Support workers acknowledge the faith of another consumer by leaving their shoes at the door to the home and respect the consumers right for regular prayers when providing assistance. Day centre staff also described how space adjacent today the centre has been allocated for the consumer to use during prayer.

The Provider demonstrated that it supports consumers to maintain and develop relationships that are important to them and to engage in activities that interest them. One consumer spoke of the friendship she has formed with another consumer that she has met at the day centre. A staff member described how two consumers, both in their 90s, had developed a special relationship since meeting at the day centre and now spend time with each other outside the day centre.

The Provider could demonstrate that information about consumers conditions needs and preferences was communicated to all persons who had a valid reason for having access to the information. Workers also said they have sufficient information about consumers’ needs and preferences in the apps on their phones. Workers also said that they make notes and contact coordinates if the consumers preferences differs from the information provided. All staff could talk about the formal requirements of recording and sharing information as set out in the Providers policies and procedures.

Timely and appropriate referrals are being made to organisations that provide services and supports to consumers. Coordinators said the Provider employs physiotherapists and occupational therapists and they follow the procedures when making referrals.

The Provider only supplies meals to CHSP consumers which are prepared at the residential facilities kitchen next door. The Assessment Team saw that a range of foods were available for lunch and support workers were encouraging consumers to eat.

Equipment that is provided by the Provider is safe suitable clean and well maintained. When interviewed consumers talked about having an assessment before they were provided with home modifications and equipment. Staff also spoke about the checklist that they work through when providing equipment to ensure its suitable and safe.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all applicable Requirements in Standard 4.

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

Findings

Requirement 5(3)(a), 5(3)(b) and 5(3)(c)

The Assessment Team attended the day centre and saw that a long table and seating had been set up in the centre of the room to encourage group conversation and meals. Consumers said that they felt welcomed and looked forward to going to the day centre. The Assessment Team noted several activities being undertaken including jigsaw puzzles and reading area with an attractive garden outside area with raised garden beds planted with lettuce and herbs.

The day centre is newly built and very clean. Access to the day centre and the outdoor area are safe and sheltered with a drop off area conveniently located at the entrance to the day centre. The furniture, fittings and equipment used at the day centre is safe clean and well maintained. The Provider has processes and policies in place to ensure that regular safety checked are undertaken of the equipment and the identification of any maintenance needs.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all applicable Requirements in Standard 5.

# 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

Requirement 6(3)(a), 6(3)(b), 6(3)(c), and 6(3)(d).

When interviewed consumers confirmed that they were provided with information and know how to give feedback and make complaints. In addition to this the Provider could demonstrate that consumers and representatives are encouraged and supported to provide feedback and make complaints.

When interviewed consumers said that they can ask for support at any time and that they know how to contact others for assistance. One consumer said that they can speak to staff or the coordinator on any issues. Staff said that they had received training about complaints and feedback and how to provide this information to consumers. Management said consumers are provided with information in relation to feedback and complaints in their consumer handbooks.

Consumers or their representatives said they were satisfied with the action taken by the Provider in relation to complaints or feedback. Management could explain when and where the open disclosure process was used in relation to a consumer complaint. Staff described how they will try and resolve concerns raised as soon as possible and demonstrated an understanding of open disclosure process.

The Provider could demonstrate that feedback and complaints are regularly discussed at meetings with support workers and coordinators. The details of complaints and feedback are analysed for associated trends which are also discussed at the meeting. Staff confirmed that they received complaints and feedback training add induction are comfortable in providing feedback to their manager. The Assessment Team reviewed the Provider’s feedback and complaints register which included copies of feedback forms from consumers and staff.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 6.

# 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

Requirement 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e)

The Assessment Team reports that the Approved Provider has systems in place to regularly monitor staffing levels and plan for deficiencies with the result that consumers receive services that are aligned with their needs and preferences. The Provider proactively identifies regulatory changes and increases in demand to drive the need to recruit more staff. The human resources team stated that retention of staff is as important as recruiting new staff. Consumers or their representatives said that they generally have the same support workers and any changes to service arrangements well communicated.

Consumers or their representative said they consider staff to be kind, gentle and interested in them. The Assessment Team noted staff speaking kindly and respectfully about consumers. Management said that when recruiting staff, they target people who align themselves with person centred values of the organisation.

The Provider demonstrated that members of the workforce including contractors and brokered services are competent and have the qualifications and knowledge to perform their roles. This is supplemented by the use of formal and informal feedback from consumers with regular performance reviews carried out by line managers.

When interviewed staff provided a summary of topics covered during their induction which included the values of the organisation, policies, procedures, roles and responsibilities. Staff confirmed they have completed medication competency if they are required to provide personal care to consumers. The Provider could demonstrate that the workforce is recruited, trained and equipped to deliver the outcomes required by the quality standards. Staff also undergo mandatory training with new staff being supported with buddy shifts.

The Provider regularly monitors and reviews the performance of its workforce with annual performance reviews used to identify opportunities for professional development for staff. Consumers stated that on a regular and ad hoc basis the Provider requests feedback on staff who deliver care and services. The Provider stated if unsatisfactory performance is identified then there are procedures in place to address these concerns.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 7.

# 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

Requirement 8(3)(a), 8(3)(b),8(3)(c),8(3)(d) and 8(3)(e)

Consumers or their representatives said they felt comfortable making suggestions about how the delivery of their current services could be improved and recalled responding to surveys asking for feedback. The Provider demonstrated that they use feedback gathered from consumers to inform improvements to the delivery of care and services. When interviewed staff said that the organisation was well run and they felt supported by the management team. The Provider’s continuous improvement plan was noted to cover all the Quality Standards and requirements, any identified issues, planned actions and who was responsible for that action along with planned completion dates.

The organisation could demonstrate that it is accountable for and promotes a culture of safe, inclusive and quality care and services. This approach is supported by organisation wide policies and procedures articulating that all staff and stakeholders are to treat consumers with respect and to be aware of their individuality and cultural preferences. The Assessment Team reviewed care documentation that confirmed each consumer has a personalised care plan that includes any risks to that consumer along with strategies to mitigate those risks.

Through the use of effective organisation wide systems the Provider could demonstrate that its information management systems are accessible to its workforce where relevant and necessary to their job. Its record management framework includes client privacy and confidentiality policies and procedures with all consumer information being securely stored with electronic data being password protected. The Provider has an established a well-developed continuous improvement process which includes consumer feedback, contributions by all areas of the organisation, the review of policies and processes. Documentation reviewed by the Assessment Team showed that finances are tracked via a monthly report by a financial officer who oversees all budgets, grant agreements and purchasing. This information is then submitted it to the board. The Provider has effective workforce planning in place which includes recruitment, induction and performance management. The Assessment Team reviewed documentation showing that all roles have a job description which contain details in relation to responsibilities and accountabilities. A review documentation showed that training had been implemented with policies and procedures being updated in response to recent aged care regulatory reforms.

Through the use of effective systems and staff training the Provider demonstrated that it is managing high impact and high prevalence risks associated with the care of its consumers. Through consultation with consumers the Provider supports consumers to live the best life they can. A review of incidences shows that they are reported, assessed and actioned in a timely manner. Strategies are then developed to prevent and reduce the incident reoccurring. When interviewed staff could identify high prevalence risks associated with the care of consumers including falls risk and elderly abuse and they confirmed that they had received training in what to do and when to report such an incident.

Through its clinical governance framework the Provider demonstrated that it supports consumers who are receiving clinical services. The Provider has a restrictive practises policy in place with staff being able to demonstrate an understanding of what constitutes a restrictive practise. Further to this staff are guided by the Provider's antimicrobial stewardship policy when administering antibiotics to consumers. Staff were also able to explain the Provider’s open disclosure policy and what needs to be done when something goes wrong.

Based on the information summarised above, I find the Provider, in relation to the Service, compliant with all Requirements in Standard 8.

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