**Performance**

**Report**

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| Name: | Clincare Pty Ltd |
| Commission ID: | 600633 |
| Address: | 115 Sherriff Street, UNDERDALE, South Australia, 5032 |
| Activity type: | Quality Audit |
| Activity date: | 10 October 2023 to 11 October 2023 |
| Performance report date: | 20 November 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 2569 Clincare Pty Ltd

Service: 18481 Clincare Pty Ltd Home Care Packages

**This performance report**

This performance report for Clincare Pty Ltd (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 10 November 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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

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.

**Standard 2 requirement (3)(a)**

* Implement appropriate assessment tools to enable risks to consumers’ health and well-being to be identified.
* Ensure assessment and planning processes identify risks to consumers’ health and well-being, and develop and implement appropriate management strategies to enable staff to provide quality care and services.

**Standard 3 requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* provide clinical care and services in line with consumers’ assessed needs and preferences, specifically in relation to pain, wounds and medications;
* provide appropriate care relating to pain, medications and wounds, and identify and escalate consumers’ changed care needs to senior staff for review and further action.
* Ensure policies, procedures, and guidelines in relation to management of wounds, medications and pain are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures, and guidelines in relation to management of wounds, medications and pain.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

All consumers and representatives interviewed said consumers are treated with dignity and respect, and their identity and diversity are valued. They said staff and support workers understand consumers and their cultural needs and deliver care and services with this in mind. The workforce are from culturally diverse backgrounds and speak a variety of different languages which enables them to accommodate consumer preferences. Care workers said they work with the same consumers each week and get to know them well, enabling them to deliver care and services personalised to each consumer.

Each consumer is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Consumers are supported to choose the types of services they receive, the day, time and duration services are delivered, and the gender of staff delivering care and services. All consumers and representatives said the service supports consumers’ choice.

All consumers and representatives interviewed were satisfied consumers are supported to do the things they want to do safely. Management described regular conversations with consumers who engage in activities which involve an element of risk to ensure they understand risks and are able to make informed choices.

Information provided to consumers is current, accurate and timely, and communicated in a way that enables them to exercise choice. Consumers said their monthly statements are accurate and easy to understand, and while these are received two months in arrears, only one consumer said they would prefer to receive statements sooner. Care workers and management described how they provide information to consumers in various ways, including those with sensory impairments, to ensure information is effectively communicated and understood. There are processes to ensure consumers’ privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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. | Not 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 |
| 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 |
| 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 |
| 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 |

Findings

The Quality Standard is assessed as non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers not met.

Requirement (3)(a)

The assessment team were not satisfied assessment and planning considered risks to consumers’ health and well-being to inform safe delivery of care. The assessment team provided the following evidence relevant to my finding:

* Consumer A requires daily wound dressings and said they experience pain when wounds are attended. Consumer A and their representative could not recall being involved in assessments relating to pain, skin, and wounds. Consumer A’s wounds have not been reassessed since April 2023, and there were no assessments in relation to pain or skin integrity.
* Management said pain and skin assessments have not been completed as the service does not have assessment and management plans in relation to these aspects of care, or corresponding policies and procedures.
* One consumer said, and the care file confirmed, they had informed staff that they had pain. The consumer said they have not been assessed for pain or advised how to manage their pain better, except being told to continue to take their pain medication.
* Behaviour assessments and management plans, inclusive of triggers, associated risks and management strategies had not been completed for two consumers who exhibit challenging behaviours. One care worker was aware of the two consumers’ adverse behaviours and said they have implemented strategies from their own experience when caring and attending to them as there are no formal assessments or plan to guide them.
* Management acknowledged behaviour assessments and management plans had not been completed.
* Two consumers’ continence needs have not been assessed, planned for, or documented. Care workers confirmed they are providing the consumers continence support as requested by the consumer or representative. Management said continence assessments, including appropriateness of continence aids and a management plan have not been completed.

The provider’s response included commentary directly relating to Consumer A’s wound treatments. Policies, procedures, and a continuous improvement plan, were also included as part of the response. Actions implemented and/or planned include, but are not limited to, implementation of a HCP further assessment checklist to identify any additional needs, risks, and referral requirements; and identification of and assessment tools for wounds, pain, falls history, continence, and behaviours.

I acknowledge the provider’s response. However, I find comprehensive assessment and planning processes were not undertaken to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented. For consumers highlighted, care needs relating to skin, pain, behaviours and continence had not been assessed to inform delivery of care. This was supported by feedback from consumers and representatives who stated they had not been involved in assessments for these aspects of care, and management who stated assessments for these aspects of care had not been undertaken. As such, I find assessment and planning processes have not ensured care is tailored to consumers’ specific needs or informs staff how, for each consumer, care and services are to be safely delivered.

I acknowledge the actions planned and/or implemented to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements in this Standard**, assessment and planning processes identify consumers’ current care and service needs, goals, and preferences. Assessment and care planning is undertaken in partnership with the consumer, their representative, or others the consumer wishes to be involved, and identify what care and services are important to consumers, including advance care directive wishes if the consumer prefers. Advance care planning is discussed with consumers on admission and during care plan review processes, and a 7 step pathway is initiated when clinical staff are made aware that consumers are to commence comfort or palliative care. Care planning documentation included consumers’ personalised goals for each service received, as well as specific details to guide staff to assist consumers to achieve these goals during provision of services.

Consumers and/or their representatives, as well as others, such as health professionals or specialists, are involved in assessment and planning of consumers’ care and services. Care files showed consumers and representatives had been informed of consumers’ care plans, updates, general practitioner (GP) and other allied health reviews. Staff said they are informed of changes to consumers’ needs, including through handover processes, and have access to care plans where services are provided. Consumers and representatives said they get adequate information about the care and services provided and are informed of outcomes of assessments which are documented on a care plan which is provided to them.

Care and services are reviewed regularly for effectiveness, including when circumstances change, or incidents impact the needs, goals, and preferences of consumers. Consumers and representatives said services are reviewed regularly, as scheduled every six months or when there is a change in consumers’ care needs. Care files sampled demonstrated consumers had been reassessed and care plans updated when circumstances changed,

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

**Findings**

The Quality Standard is assessed as non-compliant as one of the seven requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(a)**

The assessment team were not satisfied each consumer receives safe and effective clinical care that is tailored to their needs and optimises their health and well-being, specifically in relation to pain, wounds and medication management. The assessment team provided the following evidence relevant to my finding:

Consumer A

* Consumer A receives daily nursing services for wound management. The wound assessment and care plan was last reviewed in April 2023. Since June 2023, service staff enrolled nurses are attending to the chronic, complex stage 3 wounds.
* Clinical staff said, and documentation confirmed, Consumer A’s wounds have deteriorated, and they experience increased pain during wound care. Enrolled nurses said there is limited indirect supervision by registered nurses and GP, and the same wound dressing regime has been used since April 2023 despite wounds deteriorating.
  + Staff acknowledged due to the lack of pain assessment and notification of increased pain to the GP, pain is not effectively managed, and Consumer A may not be receiving optimum clinical care. Clinical staff said the GP has not been notified of Consumer A’s increased pain for review, as it was not their role to contact the GP, but the role of the care coordinator.
  + The wound assessment and care plan completed daily does not provide for the stage, description, size and width of the wounds or dressing regime to be documented. Management acknowledged wounds had not been reassessed by a registered nurse, photographed weekly or attended by registered nurses being a chronic complex wound, in line with service wound policy.
  + Management said the GP has not assessed or reviewed the wound except on one occasion in September 2023 during a telephone call when a photograph was sent to them when the wound appeared infected, and antibiotics prescribed. Two photographs from April and September 2023 did not include measurements or description a of the wound.
* Consumer A said wound dressings and supplies often run out. Handover charts showed on four occasions over a two week period between September and October 2023 there were limited, or no stock of wound supplies and alternative dressings and solutions were used. Management acknowledged current monitoring and ordering processes of wound supplies have not been effective and supplies have run out.

Consumer B

* The representative said Consumer B is not receiving medication prompts daily as scheduled. Management acknowledged care staff are sometimes late, and medication prompts are not timely to meet Consumer B’s needs.

The provider’s response included commentary directly relating to the consumers highlighted, as well as policies, procedures, and a continuous improvement plan. The response states Consumer A was discharged from the hospital in May 2023 on intra-venous antibiotics and during this time, the wound treatment regime was consistent with the most recent plan. The care team have made consistent attempts to contact the GP to review wounds and for a specialist appointment, however, the GP prefers phone consults with Consumer A and prescribes antibiotics. Consumer A self-manages narcotic analgesia for pain relief as per GP advice. Consumer A’s dressing product was often out of stock, and they refused alternative products. Consumer A’s care plan has been altered to ensure a registered nurse review is completed weekly, along with photographs and measurements.

Actions outlined in the response include, but are not limited to, providing further education to maintain stocks and ordering; development of a flowchart of what and when to escalate; fortnightly case management meetings to discuss clinical consumers and their care needs; and discussion relating to the importance of medication visits being within timeframes.

I acknowledge the provider’s response. However, I find each consumer has not been provided safe and effective clinical care that is best practice, tailored to their needs and optimised their health and well-being, specifically in relation to pain, wounds, and medication management.

I have placed weight on feedback from Consumer A and staff indicating Consumer A’s pain is not effectively managed and they experience pain when wound treatments are attended. The provider’s response states Consumer A self-manages a narcotic analgesic for pain relief. However, despite staff stating the consumer’s pain is not effectively managed, there is no indication this has been escalated for further assessment, management strategies developed or referral to the GP for further review initiated.

The provider’s response states the wound assessment and care plan allows for an initial assessment and three reassessments, each providing for the state of the wound, description, and measurements to be documented. However, the provider’s response did not include evidence to demonstrate this had been completed for Consumer A’s wounds. Based on the assessment team’s report, I find staff practices have not ensured Consumer A's wounds are effectively monitored or assessed to enable wound progression to be tracked and wound deterioration to be effectively identified and actioned. Wound management had not been attended in line with service policy, with attendance and regular review by the registered nurse not occurring nor regular photographs taken.

In relation to Consumer B, while I acknowledge there was no evidence of impact to Consumer B’s well-being, medications have not been administered in line with their assessed needs.

I acknowledge the actions planned and/or implemented to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements in this Standard,** care files demonstrated effective management of high impact or high prevalence risks, including in relation to falls, bowel care and kidney disease. Care workers described strategies to manage individual consumer risks in relation to falls, medication prompts and behaviour of concern, however, confirmed strategies to mitigate risks are not documented in consumers’ care plans. Consumers and representatives confirmed the service and staff ensure consumers receive safe care, including in relation to personal care, mobility and falls.

The needs, goals and preferences of consumers nearing the end of life are supported to maximise their comfort and preserve their dignity. Management and the coordinator liaise with consumers’ GPs and their representative to support consumers when nearing end of life, and external palliative care services are engaged, if required. A care file for one consumer showed they were provided palliative care in their home in line with their wishes. A 7 step pathway was completed, personal care services were provided twice a day, meal delivery was arranged, and the GP visited daily to manage the consumer’s pain. Care documentation showed the consumer’s representative expressed satisfaction with the care and services provided to the consumer when receiving palliative care, and said the consumer had a comfortable and dignified death in their home as they wished.

There are processes to ensure early recognition of deterioration in consumers’ health and function. Care files showed timely identification and actions taken when consumers’ health changed or deteriorated, including referrals to allied health professionals, with care and services adjusted as required. There are processes to ensure changes to consumers’ care and service needs made in response are communicated. Consumers and representatives felt confident staff would notice if consumers’ health changed and would respond appropriately.

Infection related risks are effectively managed through implementation of standard and transmission-based precautions to prevent and control infections. Staff are guided in their work by policies, procedures, education, and an outbreak management plan. Staff were knowledgeable about infection control practices and described how they reduce the risk of infections to consumers. Consumers and representatives said staff keep consumers safe through use of personal protective equipment, cleaning and COVID-19 testing.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Care files showed the service identifies what is important to consumers, including their goals and preferences for daily living. Care workers and management described what is important to consumers and how they adapt services according to consumers’ needs and preferences, such as additional in-home services. Consumers and representatives said consumers’ independence, well-being and quality of life is optimised through the services they receive.

All consumers and representatives interviewed felt confident care workers know consumers well, would recognise if they were feeling low and would respond appropriately. Management said if there are any concerns with consumers’ health or well-being, a care coordinator would make a phone call to the consumer and/or their next of kin to ask how they are and then arrange for appropriate follow-up action, which may include offering additional services and supports if required.

Consumers and representatives confirmed the community services enable consumers to do things of interest and to maintain social relationships. A range of services and supports are offered to consumers, including shopping, social support, physiotherapy, and transport. Consumers can choose the structure of their services to enhance their independence and do the things of interest to them. Consumers are referred to internal services, or external subcontracted services in a timely manner. All consumers described how the service assisted them to connect with allied health professionals, external social groups, and My Aged Care for additional services. There are effective information sharing processes to enable consumers, staff, and external providers to share information about consumers’ needs and preferences.

Where required, meals are provided by subcontracted meal delivery services. Meal delivery services are discussed with consumers during the initial inquiry with the provider and again during admission. There are various meal delivery service providers consumers can choose from. All consumers who received meal delivery services said the meals were varied and of suitable quality and quantity.

Where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers’ equipment needs are assessed by allied health professionals and supplied in line with their recommendations. All consumers who had received equipment said the service organised an occupational therapist assessment and were provided with a range of equipment options to choose from.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives interviewed were aware of the methods available to make complaints and provide feedback and felt supported to do so. The consumer welcome pack includes a feedback form with a stamped addressed envelope and contact details for the care coordinator for consumers to provide feedback or make complaints. Consumers' in-home folders include information on how to make complaints to the service or externally, as well as contact details for several advocacy services and the Commission. Staff said they utilise family members to communicate with consumers when required, including for complaints resolution, and described processes to ensure consumers have access to advocates and language services if required. All consumers and representatives said they had not required assistance with advocacy or interpreters, however, were confident the service would connect them to these services, if required. Consumers also confirmed in-home folders contain information about advocates and internal and external complaints options.

Appropriate action is taken in response to complaints and an open disclosure process used when things go wrong. Complaints that cannot be immediately resolved, or are serious in nature, are documented electronically, which alerts coordinators and management to ensure appropriate oversight. Staff described how they respond to feedback and complaints and said they have completed training in open disclosure. Consumers who had made a complaint said the service resolved their issue quickly, without judgement and to their satisfaction, and felt the service had a transparent approach when things go wrong.

Feedback and complaints are generally reviewed and used to improve the quality of care and services. While feedback, complaints and suggestions are recorded in consumers’ progress notes, only some of these are recorded in a central register to allow review and analysis to identify trends. Annual consumer survey results showed consumer feedback is analysed to ensure consumer satisfaction with all aspects of care and service delivery.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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. Staff are currently rostered two weeks in advance to ensure sufficient staffing numbers. Shifts are prioritised by consumer need in cases where unplanned leave causes staff shortages to ensure clinical and personal care shifts are never missed. Where shifts are missed, a replacement is always offered to consumers. All consumers and representatives said staff generally arrive on time for scheduled shifts and have enough time to provide quality care and services to consumers.

All consumers and representatives said staff are kind, caring, respectful and responsive to consumers’ needs. Consumers’ satisfaction with staff is monitored, including through consumer surveys. Survey results from August 2023 showed 91% of respondents agreed, or strongly agreed they receive care and services from kind and respectful staff. Staff and management knew individual consumers' needs, goals, and preferences, and spoke about consumers in a kind and respectful way.

Staff competency is monitored through various methods, including review of daily handover notes, staff qualifications, training attendance, feedback channels and clinical governance committee meetings. Care workers felt confident they have the knowledge to perform all aspects of their role and said they can access extra information through senior staff or guidance materials if required. All consumers and representatives described the workforce as competent, and said they know what they are doing.

Recruitment process, onboarding of staff, including buddy shifts, training modules specific to each role and access to comprehensive policies and procedures support staff to deliver safe and effective care and services. All staff described how they are supported by the service through a detailed induction, ongoing mandatory and non-mandatory training, and access to guidance documents.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Office staff receive annual performance appraisals, and subcontracted staff performance is monitored through various reporting requirements and feedback mechanisms. Management said performance appraisal processes for field staff are informal, and not effective, however, there are plans to rectify this, and effective performance monitoring processes are in place in the interim. Care workers said while they have not received formal performance appraisals, they receive informal feedback and support from their coordinators.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

Consumers are engaged in the development, delivery and evaluation of care and services. Annual consumer surveys, aligned with the Quality Standards, are conducted with consumers to identify areas for improvement and gauge satisfaction. Most consumers and representatives said the service is run well, and they can provide input through feedback mechanisms and surveys to improve services.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The chief executive officer and Board receive regular updates from all areas of the organisation, including aged care services, to enable analysis of risks, identification of areas for service improvements or staff training, and identification of process and policy updates. Regular updates are also received from the clinical governance committee relating to clinical care, deterioration, and incidents, enabling oversight and identification of areas for recruitment or training.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints. However, minor feedback and complaints that can be immediately resolved are not documented on the central register to enable trending and analysis. There are processes to ensure these governance systems are monitored and the governing body is aware of and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks, identifying, and responding to consumer abuse and neglect, supporting consumers, and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures, and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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