**Performance**

**Report**

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| Name of service: | Coast Community Connections |
| Service address: | Building B1, Ourimbah Campus, University of Newcastle, Luke Road Ourimbah NSW 2258 |
| Commission ID: | 200145 |
| Home Service Provider: | Peninsula Community Centre Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 6 July 2023 to 10 July 2023 |
| Performance report date: | 1 September 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 Coast Community Connections (**the service**) has been prepared by G. McNamara, 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:**

* Coast Community Connections, 17472, Building B1, Ourimbah Campus, University of Newcastle, Luke Road, Ourimbah NSW 2258

**CHSP:**

* Community and Home Support, 26054, Building B1, Ourimbah Campus, University of Newcastle, Luke Road, Ourimbah NSW 2258
* Care Relationships and Carer Support, 26053, Building B1, Ourimbah Campus, University of Newcastle, Luke Road, Ourimbah NSW 2258

# 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]
* the provider’s response to the assessment team’s report received 29 August 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 | **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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 6 requirement 6(3)(c)

Ensure that consumers know what action has been taken to resolve their complaints and are satisfied with this, and that staff know what open disclosure means for their day-to-day practice, by, including but not limited to, implementation of an appropriate complaints management system and training and instruction to staff.

Standard 6 requirement 6(3)(d)

Capture and record all complaints and feedback, and use it to show what is done with this information and what changes have been made as a result of reviewing feedback and complaints.

Standard 7 requirement 7(3)(d)

Make sure that the workforce is adequately trained to ensure they can effectively perform their roles, included but not limited to, training on incident management and SIRS requirements, and use of the Care Master App (electronic Care Management System), or related or similar systems used by the organisation.

Standard 7 requirement 7(3)(e)

Initiate and maintain a process to evaluate how all members of the workforce are performing their roles, and identify, plan for and support any training and development they need.

Standard 8 requirement 8(3)(a)

Implement processes to ensure consumers and others are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation, in a sufficient number of ways to reflect their input.

Standard 8 requirement 8(3)(b)

Implement processes to maintain sufficient oversight of service delivery and show how the organisation responds to this.

Standard 8 requirement 8(3)(c)

Implement effective organisation wide governance systems relating to the following areas by, including but not limited:

In relation to Information management

Ensuring staff have adequate knowledge, training and support to fully operate all of the functions of the Care Master App (electronic Care Management System), or related or similar systems used by the organisation.

Continuous improvement

On an ongoing basis, ensure that all opportunities for improvement are identified, recorded and actioned in an integrated and purposeful Plan for Continuous Improvement (PCI), and that those responsible for identifying and implementing improvements are known.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Ensure systems and processes are in place, and maintained, to:

* Ensure the workforce is adequately trained to show they can effectively perform their roles, included but not limited to, training on incident management and SIRS requirements, and use of the Care Master App (electronic Care Management System), or related or similar systems used by the organisation.
* Show how all members of the workforce are performing their roles, and identify, planning for and support any training and development they need.

Regulatory compliance

Ensure systems and processes are in place, and maintained, to disseminate regulatory changes and updates throughout the organisation.

Feedback and complaints

Implement and maintain an effective complaints management system to address and monitor feedback and complaints

Standard 8 requirement 8(3)(d)

* Implement and maintain effective risks management systems and processes that identifies, monitors and manages risks at an individual and systemic level and supports the welfare and well-being of consumers
* Supplement this through targeted training and support to the workforce.

Standard 8 requirement 8(3)(e)

Implement a clinical governance framework that supports the use of open disclosure, through targeted support and training to staff, and organisation wide systems to support communication with consumers about incidents that have caused harm.

# 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

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Compliant with all requirements of this Standard. A finding of Compliance in all requirements results in a finding of Compliance for the Standard.

As to Compliant requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)

All consumers and/or representatives sampled indicated that they are treated with dignity and respect by staff. Consumers and/or representatives also said that they are confident Direct Care Workers (DCW) know their background and the things that are important to them.

The service treats consumers with dignity and respect, and demonstrated that culture and diversity is valued through governing policies and providing individual support that tailor to the diverse needs and preferences of the consumer. The service has not received any complaints or feedback regarding consumers being treated disrespectfully.

Package Coordinators and DCW’s interviewed were able to describe how they treat consumers with dignity and respect in practice. Package Coordinators build rapport with the consumer through conversations with them or their family or representative to capture information about their culture and background in the most comfortable and appropriate way to inform how services will be delivered. Human Resources (HR) said all staff are advised of the organisation’s expectations and requirements related to manifesting dignity and respect at the point of induction and as part of training delivery.

The Assessment Team reviewed care planning documentation, which was seen to include personal information such as country of birth and consumer background and a, signed Charter of Aged Rights.

All consumers and/or representatives sampled described how the care and services they receive support them to maintain independence, community and social connections and that volunteers and staff understand what is important to them and respect the decisions they make regarding the services they will utilise. The service demonstrated supporting consumers to take risks through governing policies and providing individual support that tailor to the diverse needs and preferences of the consumer, care planning documentation and consumer identified goals.

All consumers and/or representatives sampled described how they can exercise choice and independence, make their own decisions regarding the services they choose to utilise and if they would like to nominate a person to be involved in their decision making.

Management advised effectiveness of program participation is monitored and reviewed when changes occur and/or on an annual basis. Consumers are encouraged to talk to DCW’s or contact staff in the office if they require a change to their involvement between reviews.

Consumers are informed of details of services being offered by the provider. Consumer needs are identified from the My Aged Care portal (MAC) support plan and discussed with the consumer, strategies are put in place and the package Coordinator will observe and discuss requirements with the consumer to facilitate an appropriate service strategy. Management advised the medical, social and emotional needs of consumers are assessed and monitored through the vulnerable client register to ensure appropriate measures are taken within the program to ensure consumer safety and wellbeing are upheld.

Consumers are informed of details of services being offered by the provider. Consumer needs are identified from the My Aged Care portal (MAC) support plan and discussed with the consumer, strategies are put in place and the package Coordinator will observe and discuss requirements with the consumer to facilitate an appropriate service strategy. Management advised the medical, social and emotional needs of consumers are assessed and monitored through the vulnerable client register to ensure appropriate measures are taken within the program to ensure consumer safety and wellbeing are upheld.

All consumers and/or representatives sampled described how staff consult with them about their needs, preferences and services provided and confirmed they did in a way which was easy to understand. All consumers and/or representatives said they receive a monthly tax invoice and are in regular contact with their package coordinator if they need assistance, they will ring the office and are confident a staff member can help them.

DCW’s can access their rosters through the electronic app, any changes, updates or concerns will prompt an alert in the consumers profile. For consumers with barriers in communicating, DCWs described strategies used to support consumers to understand information provided.

Package Coordinators create a welcome pack and create a case note that documents the conversation and documentation that is being provided to the consumer.

The Assessment Team observed the welcome pack and case notes which demonstrate the above information. Support plans are current and signed by the consumer and/or representative agreeing to services, preferences, needs and goals.

All consumers and/or representatives sampled said they felt that all staff and respect their privacy and keep their personal information confidential. DCW’s said they signed a confidentiality agreement and code of conduct as part of their induction process. Package Coordinator’s advised no personal information is collected or shared unless consent is given by consumers. Consumers sign a directed care agreement which has a privacy and confidentiality clause, consumers can choose who their personal information is to be shared with and can note who not to share personal information with. The Assessment Team confirmed that all ten reviewed consumer files had signed directed care agreement.

# 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

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Compliant with all requirements of this Standard. A finding of Compliance in all requirements results in a finding of Compliance for the Standard.

As to Compliant requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e).

While I have identified concerns in relation to management of high impact and high prevalence risks, and recording of information, which I have considered under other requirements, I find that the service was able to demonstrate that current 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. Consumers sampled confirmed in various ways that assessments are completed, their care and services needs were discussed and were planned to meet their needs. Package Coordinators described how they assess consumers’ needs and risks at commencement of services, and how assessments inform consumers’ support plans. Care planning documentation evidenced comprehensive assessment at commencement of services, and planning was undertaken with consumers and/or representatives, including completion of risk assessments, in conjunction with ongoing assessments based on needs. Management described, and care planning documents confirmed, the completion of risk assessments to inform safe care and services, for example in relation to mobility, dietary needs and safety (both for social support and transport requirements). The Assessment Team viewed case notes that supported the service completes assessments on an ongoing basis and as circumstances change. Of the consumer case notes sampled, it was identified that discussions for ongoing needs assessments are triggered by DCW notes and observations, or Package Coordinator check-ins by phone or in person as required. Information is captured both in documentation and electronic platforms.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals, and preferences, including discussing advanced care or end of life planning with the service. All sampled consumers and/or representatives advised their needs, goals and preferences are being met. Package Coordinators described conversations with consumers and/or their representatives about what is important to them when being informed of assessment and planning of services. Care planning documents viewed showed that consumers’ needs, goals and preferences and advanced care planning has been discussed with and documented. At the time of assessment CHSP consumers were not being asked or provided information regarding Advanced Care Planning (ACP), however management advised CHSP Coordinator was updating care planning documentation and adding a pamphlet regarding ACP in CHSP welcome pack.

All the care plans, and notes viewed by the Assessment Team described personalised, and described achievable goals for each consumer, as well as end of life or advanced care planning considerations, as applicable.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives confirmed they are involved in deciding the care and services provided received. Management described how consumers and/or representatives are involved in the planning of services and consumers can elect to have a representative present during assessments and reviews. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumers' services, if applicable. All sampled consumers advised consumers can involve their family or carer in assessment and review of services. Care planning documentation for sampled consumers demonstrated, where the consumer consents, the service obtains a medical summary from consumers' general practitioner (GP) and any specialist providing care as part of the assessment process. For example, regarding hospital admissions, and transport requirements, or changes to health. Supporting notes in consumer files trigger documented conversations prior and post use of the social support transport services to attend specialist medical appointments.

The service was able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and staff at the point of care. Package Coordinators and management advised that consumer files contain updated notes regarding every contact, by phone or in person, with any changes documented and provided to the consumer. All care planning documentation, case notes viewed by the Assessment Team were current.

Consumers advised they had support plans and were confident information in was accurate, and if required, felt comfortable in contacting the service to initiate any changes as required. All care plans sampled had updates and annotations made by Coordinators as part of their consumer check in process. The services 2023 Aged care initial assessment and care planning policy and procedure states a 12-month review of consumers as a standard, with any interim changes as required.

The service was able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. All sampled consumers confirmed their services are reviewed annually, or when their circumstances change. Package Coordinators and Management advised that the service reviews all consumers each year and additionally if something changes such as a hospital release. Care planning documentation reviewed by the Assessment Team showed that reviews are completed annually or when circumstances change, with the reviews effectively capturing information to assess risks, changes in needs, goals and preferences. All care planning documentation viewed by the Assessment Team demonstrated the service had assessed the consumer's risks, needs, goals or preferences, and where necessary updated them based on a consumers change in circumstances. All consumers interviewed advised they would be comfortable in speaking to Package Coordinators or DCW’s to initiate any changes to care and service requirements as needed.

# 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

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Compliant with all requirements of this Standard. A finding of Compliance in all requirements results in a finding of Compliance for the Standard.

As to requirement 3(3)(b)

Management explained that high impact and high prevalent risks were identified during the initial and ongoing care planning process and the use of a central register of consumers to communicate the level of risk. DCW’s said the consumers care plan and profile identified risks and strategies to be used when completing a service. DCW’s ensure a safe environment for service delivery is maintained, and are required to document and report any identified concerns immediately to the Package Coordinator.

Documentation and progress notes sighted demonstrated that DCW’s could detect the complexity, vulnerabilities, and personal care needs. For example, one consumer’s support plan recorded a high falls risk and need to be always supervised. It lists medical risks to the consumer and the goals for the services they are receiving.

Package Coordinators advised DCW’s monitor and support wellness through direct observations staff are to document changes, concerns in the case notes and report immediately to the Package Coordinator. DCW’s file note and report Incidents which are reported to the Package Coordinator who then also adds a file note and verbally reports to the Operations Manager. At the time of the assessment Management advised there have been no incidents in the past six months for CHSP and HCP consumers.

Management advised weekly meetings are held with Package Coordinators to discuss high impact/high risk consumers however no documentation was provided to evidence that these meetings occurred.

However, the Assessment team found that there was no documentation provided that evidenced an incident management system in place to manage, monitor and identify trends of incidents. For example, a file note for one consumer on 26 May 2023 stated that the consumer had a fall in the shower. A subsequent file note on the 30 May 2023 by a Package Coordinator reads that an additional DCW was to be present for the last 30 minutes of care was declined by the spouse. The was no evidence indicating an incident reported was lodged. In addition, DCW’s said they have not been given any information regarding Serious Incident Response Scheme – Home Care (SIRS – HC). Management stated the current priority was to undertake SIRS-HC training for incident reporting obligations. However, due to lack of systems in place and a gap in the service’s knowledge of SIRS-HC there is a risk to consumers care if potential incidents or actual incidents are not reported, identified, monitored, and managed to ensure consumer health and safety.

While I have noted these matters, I have considered other information identified by the Assessment team which showed that Initial assessment and ongoing support plan review generally identifies and addresses risks to consumers health and well-being, and that DCW’s said they are aware of the consumer physical, sensory and cognitive abilities, any medical alerts such as dementia, diabetes, falls risks prior to commencing service. I have considered these matters under other requirements, and find this requirement Compliant.

As to Compliant requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

Consumers and/or representatives sampled expressed their satisfaction and confidence that the staff provided safe, effective and best-practice personal and clinical care. DCW’s sampled had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of personal care. Staff could describe what they do if they had concerns in relation to a consumer’s personal or clinical care which included notifying the consumers HCP or CHSP Coordinator.

Initial Assessment and ongoing support plan review, identify and address all risks to consumers health and well-being. Care plans reviewed and feedback from DCW’s and management demonstrated consumers receive safe and effective personal care. Package Coordinators advised assessment forms to have been designed to assist staff to identify unmet needs and refer to other service providers such as allied health services, nursing services; for those in receipt of HCP identified needs can be addressed through brokerage arrangements with external contractors.

The Assessment Team sighted support plans for consumers receiving clinical and personal care, service and progress notes that demonstrated safe and effective care that is best practice, tailored to consumers’ needs and optimises consumer health and well-being.

At the time of the Quality Audit the service had three consumers identified as palliative care consumers. DCW’s advised care planning documentation communicates the needs, goals and preferences of consumers nearing end of life and that any concerns are reported back to the Package Coordinator. Documents and care plans are updated to include advanced care directives where plans are formalised. Fact sheets on advanced care directives are included in services Information packs. Consumers may be linked with community palliative care who can contact the service should they wish to share or discuss information.

The Assessment Team reviewed care planning documentation that identified if the consumer was nearing end of life. Support plans for consumers who are identified as palliative each had no record of an ACP has been created but that they did not wish to discuss with the service, however a Medical Record Number was available should the consumer be admitted to hospital or require urgent medical attention.

Consumers and/or representatives sampled expressed their confidence that the clinicians and personal support workers could identify changes to their condition or deterioration.

DCW’s said they are aware of the consumer physical, sensory and cognitive abilities, any medical alerts such as dementia, diabetes, falls risks prior to commencing service. They know the consumers well through the care interventions and strategies that are implemented in consultation with the consumers and/or their representative to ensure good personal/clinical care is received and communicated in case notes, consumer profile guides staff to be able to identify if consumers health has changed suddenly and report this instantly through a phone call and or the app which instantly alerts management and package coordinator by email.

The service’s HR section advised that information is provided to new employees during induction. However no formal training was identified to evidence ongoing support to staff to identify and respond to deterioration or changes in consumers. Management advised that the service is in negotiation with a Registered Training Organisation to provide ongoing training. Despite this, the evidence indicated that staff are identifying concerns and taking action as appropriate. The Assessment Team noted several consumers being assisted to upgrade to an Home Care Package (HCP) due to needs changing, referrals to allied health and specialists to meet the needs of the consumer, CHSP consumers accessing transport and social support services to meet needs and preferences.

The Assessment Team sighted several service notes from staff who noted concerns and immediate actions taken by staff and Package Coordinators to ensure safety and wellbeing of the consumer.

Consumers and/or representatives sampled advised they felt that DCW’s knew what they were doing, and they had not needed to repeat instructions or direct the staff that provided clinical or personal care. DCW’s use a mobile application to document notes at the point of care. These were then reflected in the client management system for other users to see. This ensured that important consumer information was captured, documented, and shared. Package Coordinators advised all consumers have a home folder with their support plan and relevant information for staff and subcontractors to access, Package coordinators receive updates from subcontractors and add file notes. The Assessment Team sighted completed several progress notes detailing conversations between staff and consumers or their representatives, and consumer files with referrals for clinical care and allied health, personal care, and email communication.

The service demonstrated timely and appropriate referrals to other organisations and providers of other care and services consumers and/or representatives say the service has referred them to the appropriate providers, organisations to meet their changing personal or clinical needs.

Package Coordinators advised medical supplies can be ordered or the family can order, and the company can send invoice to the service. The Assessment Team reviewed consumer files that evidence collaboration with other organisations that support and meet the diverse needs of the consumer.

Consumers and/or representatives sampled advised that they had observed staff wash hands/use sanitisers, gloves and masks where appropriate consumers and/or representatives expressed satisfaction with the precaution measures used by staff to prevent and control infection when providing a service and entering and exiting their homes. DCW’s advised direction for medication prompt can be found in the consumers support plan in their home folder. Any resistance or concerns regarding medication must be reported immediately to the Package Coordinator. Staff and management demonstrated their knowledge of transmission and standard-based precautions procedures to prevent and control infections during the interview. The Assessment Team sighted the 2023 Aged care infection control policy and procedure.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable | Not applicable |

Findings

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Compliant with all applicable requirements of this Standard. A finding of Compliance in all applicable requirements results in a finding of Compliance for the Standard.

As to Compliant requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d) and 4(3)(e)

The service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided optimises the consumer’s independence, well-being and quality of life through the provision of services such as social support individual or group and transport. Package Coordinators and DCW’s described what is important to consumers and how they adapt services according to consumers’ needs and preferences such as additional services when required. Care planning documents confirmed that the service had identified and documented what is important to the consumers, and their goals and preferences for daily living. All consumers sampled in relation to this requirement advised the services they receive meet their goals, needs and preferences and assist with their independence and wellbeing.

Management and coordinators described, and care planning documentation confirmed, that goals, needs and preferences are discussed during assessment, and services provided are tailored to meet the needs of individual consumers to optimise their quality of life.

The service demonstrated that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers felt that all staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management, Package Coordinators demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing. This was confirmed through care planning documents viewed for sampled consumers.

All consumers interviewed explained they feel confident that the Coordinators and DCW’s who know them well and would recognise if they were feeling low and would respond appropriately. Management, Package Coordinators and DCW’s demonstrated in-depth knowledge of each consumer and could speak to individual consumers’ emotional, spiritual, and psychological wellbeing. The Assessment Team found consumer files showed that they received services and individual support plans that had goals in line with emotional, spiritual and psychological wellbeing of the consumer.

The service demonstrated services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers confirmed that services enable consumers to do things of interest and maintain social relationships, such as lunches and maintaining connections within their community. Package Coordinators and DCW’s described, and care planning documents and observations confirmed, how the service actively support consumers to access and participate in their community.

The service demonstrated that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Sampled consumers advised all staff know them well and the services they receive are effective and appropriate. Package Coordinators and DCW’s described how information is shared, within the service, health professionals and other service providers involved in consumer care.

Consumers and/or representatives confirmed that services are usually provided by regular DCW’s who know the consumers well. They confirmed that communication is effective, and they do not need to repeat information. Package Coordinators described how information about consumers is communicated. For example, service plans, transport requirements are communicated electronically and on hard copy in the consumers home folder. DCW’s must access app to sign into shift and cannot sign out of the shift until a case note is entered.

The service showed how they assist with referrals to individuals, other organisations and providers. Consumers interviewed felt confident the service would assist them to connect with an external service if their needs and preferences changed. Management and staff advised the processes they follow to aid consumers to navigate MAC and how they support consumers to connect with other organisations when required.

Coordinators described how they assist consumers to connect with other agencies where additional services are required, including other organisations, council services, MAC and other service providers.

The Assessment Team viewed care planning documentation which demonstrated the service provides recommendations for additional services for consumers and assists them to connect where required.

# Standard 5

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| Organisation’s service environment |  |  |

Findings

The organisation does not provide a service environment therefore this Standard is Not Applicable and was not assessed.

# 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. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |

Findings

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Non-Compliant with requirements 6(3)(c) and 6(3)(d), and Compliant with requirements 6(3)(a) and 6(3)(b).

A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

As to Non-Compliant requirement 6(3)(c)

A Package Coordinator stated that most complaints they address straightaway. They stated they have received complaints about consumers not being happy with the services provided and a request for them not to be sent again. The Package Coordinator stated they had not put anything in the complaints register, stating it was more HR or the Manager who does that.

The service’s complaints and feedback register provided to the Assessment Team details no complaints have been recorded. When asked about this, management advised they had had only minor complaints, where consumers don’t remember the times of appointments, or felt they hadn’t been advised of the appointment times. However they indicated that this was an area for improvement, with the lack of any complaints not recorded ‘not being accurate’, and ‘data capture has not been great’.

All Consumers and/or representative interviewed by the Assessment Team either had no issues with the service or when feedback has been provided to the service appropriate action had been taken, which they were satisfied with. Direct Care Workers (DCW) described the process for actioning feedback and complaints and how they communicate the consumers concerns to the relevant package coordinators.

The Assessment Team sighted the Services ‘Coast Community Connections Feedback and Complaints Policy & Procedure’ which does reference Open Disclosure. However, all care staff interviewed by the Assessment Team who were questioned regarding their understanding of ‘open disclosure’ and what it means, were unable to adequately or correctly explain this.

In its written response, in relation to this requirement and all other requirements I have found to be Non-Compliant, the service provider stated it was in agreement with the Assessment team’s report as well as the areas requiring attention. It stated it had undertaken a number of steps and completed a significant amount of training and process improvement since the Quality Audit.

I find that the service provider could not demonstrate it utilises a complaints management system which records and appropriately identifies actions taken in relation to complaints and feedback, including evidencing the practice of open disclosure, and clear responsibilities and timeframes for responding to complaints.

As to Non-Compliant requirement 6(3)(d)

While consumers and representatives did not raise concerns in relation to feedback and service improvements and policies guide a review of feedback registers, the Assessment Team found the service does not record, trend, or review feedback and complaints. For example:

* The service’s complaints feedback register shows that no complaints had been recorded.
* Management advised they had had only minor complaints, where consumers don’t remember the times of appointments, or felt they hadn’t been advised of the appointment times. However they indicated that this was an area for improvement, with the lack of any complaints not recorded ‘not being accurate’, and ‘data capture has not been great’.
* The service’s Plan for Continuous Improvement (PCI) did not detail any improvements undertaken or recorded following any complaint or feedback to the service.

The intent of the Requirement expects organisations to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services. While I am satisfied that staff appear to be highly receptive to concerns and complaints, I am not satisfied the service could show what it does with complaints information and what changes they have made as a result of reviewing feedback and complaints.

Based on the information summarised above, I find the service, in relation to the Provider, Non-Compliant with (3)(d) Standard 6 Feedback and complaints.

As to Compliant requirements 6(3)(a) and 6(3)(b)

Consumers and/or representatives interviewed by the Assessment Team said they feel comfortable providing feedback or raising a concern with their coordinators or care staff. Staff described how they support consumers and representatives to provide feedback. A Care Coordinator identified information given to consumers about complaints. The consumer information handbook, initial pack and service agreements provide consumers with information on complaints including external complaints agencies and the details for advocate services which was sighted by the Assessment Team. Included in the information pack is also a Feedback and Complaints Form.

The Assessment Team sighted the Services ‘Coast Community Connections Feedback & Complaints Policy and Procedure’ which detailed how consumers can make complaints and how these are managed.

Management explained when interviewed by the Assessment Team how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues like verbal feedback through staff and coordinators, and via emails. They added that they have recently started consumer surveys for CHSP which issued on 7 July 2023 and HCP survey due to issue on 11 July 2023, although the service has been unable to provide evidence of these surveys despite a number of requests by the Assessment Team.

The service demonstrated consumers are made aware of, and have access to advocates, hearing and speech services, including language services for raising and resolving complaints.

Consumers and/or representatives all felt safe about raising any concerns that they have with the service and weren’t necessarily aware of other ways to make a complaint.

A Package Coordinator provided information about how consumers can make complaints including using other services. The Assessment Team observed the services initial pack, which provides consumers with the necessary information to access advocates, language services, and additional avenues for raising and resolving complaints. The Assessment Team sighted the Services ‘Coast Community Connections Feedback and Complaints Policy & Procedure’ which detailed how consumers can make complaints including to external services.

# Standard 7

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

Findings

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Non-Compliant with requirements 7(3)(d) and 7(3)(e), and Compliant with requirements 7(3)(a), 7(3)(b) and 7(3)(c).

A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

As to Non-Compliant requirement 7(3)(d)

Consumers provided feedback that staff know what they are doing and were competent. All consumers interviewed stated that they were confident and satisfied with support workers skills in delivering safe and quality care and services.

Care staff interviewed by the Assessment Team indicated that they felt the service was well run and have had adequate induction and training and are supported to deliver effective, safe and quality services. For example, a Care Coordinator explained they received an induction on joining with another coordinator. They advised for the first 6 months they worked with the coordinator who shared her knowledge. They stated they felt very well supported by the organisation. A DCW stated, regarding their induction and if they felt that they were supported when they first started with the service stated the induction was good and lots of scenarios were covered.

A DCW was asked if there was training that they had requested that they hadn’t been able to access, and stated they had not asked personally but the organisation had spoken about a Certificate IIII training (Individual Support - Ageing) which the DCW hoped would eventuate.

However, two DCW’s interviewed indicated that further training regarding the Care Master App (electronic Care Management System) is warranted as they were not familiar with its full functions. A DCW stated they did not know how it worked properly, expecting to be able to access previous care notes. Another DCW said it would be good to get training on viewing case notes, and that they were only ever trained on inputting times and leaving case notes.

Management explained that appointments to senior positions were recent, as well as the majority of the Office staff having commenced in the last 3 months. Management indicated it was revamping their Aged Care section as aiming for a person-centred focus. Management explained they are looking at implementing an online learning management system (e-learning) shortly and are currently scoping providers with quotes already received. Management acknowledged that incident management and SIRS requirements training had not been completed.

In its written response, in relation to this requirement and all other requirements I have found to be Non-Compliant, the service provider stated it was in agreement with the Assessment team’s report as well as the areas requiring attention. It stated it had undertaken a number of steps and completed a significant amount of training and process improvement since the Quality Audit.

I find that that members of the workforce have not been adequately trained, specifically in incident management and SIRS requirements, and Care Master App (electronic Care Management System), for them to effectively perform their roles.

As to Non-Compliant requirement 7(3)(e)

Consumers and representatives interviewed confirmed they are very satisfied with the services and with the staff providing and overseeing services. Consumers interviewed stated they are asked to provide feedback on the staff that deliver their care and services, by the service.

All staff members interviewed by the Assessment Team of the workforce indicated they have not had a performance review in the last 12 months or had had one scheduled. One staff member stated their last performance review was 2 years ago. HR staff stated, regarding the service’s processes for monitoring and reviewing staff performance, that it was intended that the Operations Manager would go out and visit all staff, which would be an annual. Consumers would be contacted and asked how things are going with the DCW. HR staff further stated that Annual Performance Reviews previously should have been done, with any gaps in organisational training recognised, while also the service talking to clients about issues and concerns.

Management acknowledged, regarding the processes for monitoring and reviewing staff performance, that annual appraisals had not been undertaken, but planned to do them within the next six months. I acknowledge that senior staff had only recently taken up their roles.

I find that the service provider was unable to adequately demonstrate that they evaluate how all members of the workforce are performing their role, and identify, plan for and support any training, and development they need.

As to Compliant requirements 7(3)(a), 7(3)(b) and 7(3)(c)

The demonstrated 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. All consumers and/or representatives interviewed by the Assessment Team provided positive feedback regarding staff and said they’re always on time and they are very happy with the staff.

Most Direct Care Workers (DCW) interviewed stated that they have adequate time per appointment in order to complete their work effectively, including travel, however one DCW stated there was not enough allocated time and pressure to get from one place to another.

Rostering staff interviewed said that rosters are prepared in advance in the electronic care planning system (Care Master) and are available to care staff through the application (app) on their phone. Any unallocated shifts into the future are reviewed daily and filled accordingly, ensuring current information regarding ‘do not send’ requests, time preferences, preferred workers and skill levels are actioned for consumers. Consumers are notified including any changes being communicated to them. The Care Master system was shown to the Assessment team by staff, which demonstrated services are scheduled in a timely manner.

Management advised when interviewed that the service had only Domestic Assistance shifts missed due to staff sickness with these being rescheduled the next day or so, although they do not allow clients to miss personal care, social support or transport.

Although one DCW expressed concerns about time pressures, the preponderance of evidence, including consumer feedback, indicated there is a sufficient mix and number of staff and I am satisfied requirement 7(3)(a) is Compliant.

All consumers and/or representatives interviewed said staff treat them with kindness and are caring when providing services to them. Staff confirmed they would report to management any incidents of other staff treating consumers disrespectfully and that they have received training in identifying elderly abuse and the reporting process. Management and all staff spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The Assessment Team viewed policies and procedures describing staff code of conduct as well as policy for Inclusion and Diversity in the organisation.

The service demonstrated the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives provided positive feedback to the Assessment Team that staff members know what they are doing and how they like their services delivered, with staff being competent.

Management and HR staff described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their role. They also described how they ensure staff have appropriate qualifications, including registrations and credentials as part of their workforce planning, competency framework and monitoring process. With all Personal Care (DCW) staff all having a Cert III or Cert III.

HR advised they recruit staff who have experience and relevant qualifications (i.e. Certificate III in Individual Support – Ageing) specific to their roles, with the service working towards supporting all relevant staff in obtaining a Certificate IIII (Ageing).

The Assessment Team viewed position description for Direct Care Worker roles within the service, that outline minimum qualification requirements with a Certificate III in Individual Support – Ageing.

# 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. | Non-compliant | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant | Non-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. | Non-compliant | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant | Non-compliant |

Findings

Based on the information I have reviewed, summarised below, I find the service provider, in relation to this service, Non-Compliant with all requirements of this Standard.

A finding of Non-Compliance in one or more requirements results in a finding of Non-Compliance in the Standard.

As to Non-Compliant requirement 8(3)(a)

Staff stated the service is well run from their observations. However, consumers and/or representatives were not able to describe a range of ways, they can take part in influencing how care and services are developed, delivered and evaluated. For example, one consumer stated that while they are able to provide feedback, and if they have concerns they will send an email or ring, they noted that the only supported means to be involved was an annual review. The representative of a consumer stated there are no surveys, and that there was a form used to raise issues a long time ago which they felt the service was not doing anymore.

Management advised that they have recently started consumer surveys for CHSP which issued on 7 July 2023 and HCP survey due to issue on 11 July 2023, however evidence of this was not available. Management also indicated that they are looking at bringing in consumer focus groups in the near future as well.

In its written response, in relation to this requirement and all other requirements I have found to be Non-Compliant, the service provider stated it was in agreement with the Assessment team’s report as well as the areas requiring attention. It stated it had undertaken a number of steps and completed a significant amount of training and process improvement since the Quality Audit.

I find that the service was unable to demonstrate that consumers are encouraged to participate in the development, delivery and evaluation of care and services and in consultation processes within the service and organisation in a sufficient number of ways to reflect their input.

As to Non-Compliant requirement 8(3)(b)

Care Staff and consumers were satisfied that the service promotes a culture of safe, inclusive and quality care. Consumers interviewed outlined interactions with staff and complimented their responsiveness and indicated they were satisfied with the service they received.

Care staff interviewed advised that there has been no changes to business operating requirements that has recently stopped them providing any home care services to consumers.

Management was asked about what clinical data or information does the governing body receive to enable management to monitor whether care and services are being delivered safely, effectively and in line with best practice. Management advised that they believe this information and reports provided to the organisations Board over the last 12 months were limited in terms of that kind of clinical governance being able to see where there's issues and concerns and even just kind of getting real clarity. They indicated that would definitely be implementing processes to achieve this, and gave details of what this would entail.

I find that the service has not sufficiently maintained oversight of service delivery and how the organisation responds to this.

As to Non-Compliant requirement 8(3)(c)

The service was able to demonstrate that it has effective organisation wide governance systems in relation to financial governance, but was unable to demonstrate that it has effective organisation wide governance systems in place relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

Information management

Staff reported that they are not familiar with all of the functions of the Care Master App (electronic Care Management System) or know how it works properly. This information is set out in more detail under Standard 7 requirement 7(3)(d). A staff member advised they had not been involved in regular meetings despite, in their view, having asked to have a meeting for about 10 months.

Continuous improvement

Through interviews with management and review of documentation it was identified that the service does not have current effective systems and processes in place to support continuous improvement. Opportunities for continuous improvement are not identified from consumer complaints and feedback, including staff. The service’s Plan for Continuous Improvement (PCI) did not have any details of improvements that had been undertaken or recorded following any complaint or feedback to the service. In addition the PCI was only partly completed with missing dates, sources, reference to the relevant Aged Care Quality Standards, and persons responsible. This information is set out in more detail under Standard 6 requirement 6(3)(d).

Financial governance

The service has financial governance systems and processes to manage its finances and resources in order to deliver a safe and quality service.

Workforce governance, including the assignment of clear responsibilities and accountabilities

The service provider demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality services.

However, the organisation has not demonstrated it has supported and developed its workforce to deliver safe and quality care and services. This information is set out in more detail under Standard 7 requirement 7(3)(d) and 7(3)(e).

Regulatory compliance

The service has not demonstrated it has appropriate processes to disseminate regulatory changes and updates throughout the organisation. Management acknowledged that SIRS requirements and incident management training had not been delivered to staff. This information is set out in more detail under Standard 7 requirement 7(3)(d).

Feedback and complaints

The service does not utilise a complaints management system to address and monitor feedback and complaints. This information is set out in more detail under Standard 6.

As to Non-Compliant requirement 8(3)(d)

Management and staff were able to identify vulnerable consumers, including those with living alone, those with special needs, cognitive and functional difficulties and limited supports. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation for getting the home care staff who understand them and know of their needs.

However, the organisation does not have an adequate risk management system to manage and respond to high-impact or high-prevalence risks. DCW’s file note and report Incidents, which are reported to the Package Coordinator who then also adds a file note and verbally reports to the Operations Manager. However no documentation was provided that evidenced an incident management system in place to manage, monitor and identify trends of incidents. This information is set out in more detail under Standard 3 requirement 3(3)(b). While I have found, under that requirement, that high impact and high prevalence risk are currently being managed, the lack of an effective system indicates a risk this will not always occur

Management stated that staff have not been trained in incident management and SIRS requirements. Management explained that this is on the agenda and both will be completed within the next month. This information is set out in more detail under Standard 3 requirement 7(3)(d). There was no evidence of incident reporting was identified in Board meeting minutes and Board reports (Dec 2022 & Feb 2023) provided to the Assessment Team.

I find that the service does not have effective risk management systems and practices, in particular, that it does not have an effective means of identifying, monitoring and managing risks at an individual and systemic level to support the welfare and well-being of consumers, and has not provided targeted training and support to its workforce.

As to Non-Compliant requirement 8(3)(e)

The service was able to demonstrate it has a clinical governance framework in relation to antimicrobial stewardship and minimising the use of restraint, but could not show how supports the use of open disclosure.

Regarding antimicrobial stewardship

DCW’s advised directions for medication prompts can be found in the consumers support plan in their home folder. Any resistance or concerns regarding medication must be reported immediately to the Package Coordinator. Staff and management demonstrated their knowledge of transmission and standard-based precautions procedures to prevent and control infections during the interview. This information is set out in more detail under Standard 3 requirement 3(3)(a).

The Assessment Team viewed policies and procedures regarding Antimicrobial Stewardship and 2023 Aged Care Infection Control. The Assessment Team find this requirement as Met.

Regarding the minimisation of the use of restraint

The service does not restrain consumers and no environmental restraints were identified by the Assessment team.

Regarding open disclosure

While it was noted that the service’s Complaints Policy referenced open disclosure, interviews with management and review of staff training records indicated that staff had not received training on this topic. Further, the service did not demonstrate it has organisation wide systems to support communication with consumers about incidents that have caused harm. his information is set out in more detail under Standard 6 requirement 6(3)(c).

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)