**Performance**

**Report**

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| Name of service: | Comfort Keepers North |
| Service address: | 463 Scarborough Beach Road OSBORNE PARK WA 6017 |
| Commission ID: | 500239 |
| Home Service Provider: | Stonefield Asset Pty Limited |
| Activity type: | Quality Audit |
| Activity date: | 29 August 2023 to 31 August 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.

**This performance report**

This performance report for Comfort Keepers North (**the service**) has been prepared by F. Nguyen, 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:**

* Comfort Keepers, 26184, 463 Scarborough Beach Road, OSBORNE PARK WA 6017

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers said staff treat them with respect and they are provided with dignity when care and services are delivered. Consumers and their representatives spoke about the kindness and approachability of staff and their willingness to address their concerns. Staff spoke respectfully about consumers and could speak about each consumer’s backgrounds and preferences. Documentation review showed respect is provided in how communication, choice and preferences are recorded in care documentation The service has policies and processes that promote a person-centred and respectful approach.

The service demonstrated that care and services are culturally safe. Consumers and representatives interviewed could give examples of how the service supports their cultural preferences. Support workers interviewed said they regularly provide care to the same consumers and get to know their backgrounds and how they like their care to be delivered. Care documentation was noted to guide support workers in how they can support a consumer’s cultural needs and preferences when providing care. Policies and procedures were noted to require staff to consider each consumer’s cultural safety when planning and delivering care.

The service demonstrated that each consumer is supported to make their own decisions about their care, including about when and how others should be involved. Consumers and representatives interviewed said that they are involved in making decisions and can communicate those decisions easily. Choice and decision making was evidenced in a review of care documentation. Management gave examples of how consumers are supported when they wish to involve others in making decisions about their care. Care documentation evidenced that consumers are supported to make or maintain connections with others. Policies and procedures were noted to guide staff in how consumers can be supported to exercise choice and independence.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Staff described how they gave information, discussed risk and offered alternative approaches if they identified that consumers were making choices that involved risk, and how consumer decisions were documented when appropriate. Consumers and representatives interviewed described ways the care and services provided supports them to take risks and live their best life.

The service demonstrated that information provided to consumers is current, accurate, timely and easy to understand. Consumers and representatives interviewed said they have copies of support plans and monthly statements and understand the information they receive. The service records consumer’s preference in their care documents on how they like to receive information either by email or post. The service continues to refine its processes to ensure consumers and their representatives are informed timely of changes to the care and services delivered. Consumers and representatives said they were mostly satisfied they have access to enough information about their care and services.

The service demonstrated they have policy and processes to ensure consumer information is kept confidential. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. A review of care documentation showed consumers sign a consent form for personal information to be shared. Consumers and their representatives said they felt their information was kept confidential and privacy was provided by staff. Consumers and representatives interviewed did not raise any concerns about their privacy while receiving care and services or confidentiality of their information.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 - consumer dignity and choice.

# 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. | 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 service has a comprehensive assessment and support planning process. The assessment and support planning process includes information gathered from a variety of sources such as external services and allied health services. Information gathered during the assessment process is used to develop a support plan in partnership with the consumer and/or their representative. The information outlined in the consumer’s support plan guides staff in the provision of safe and effective care and services to the consumer. The service identifies and considers risks to the consumer’s health and well-being, and strategies to reduce the risk to the consumer are identified in the alerts section of the support plan.

The service has processes to support the identification of consumer-centred specific goals and preferences with information outlined in the support plan. Management and service coordinators advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. Consumers and representatives interviewed stated staff discuss their goals and preferences with them and this information is included in the support plan. Consumers and representatives interview acknowledged that advanced care planning was discussed with them during the assessment planning process.

The service demonstrated that it involves the consumer and, as appropriate, the representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers by sharing consumer’s goals and preferences in accordance with their obligations relating to privacy of information. Consumers and representatives interviewed reported they have had an opportunity to meet with their home care package coordinator to discuss their specific needs and preferences. Support workers stated they have access to the consumers general information that includes detailed individual daily support plans and alerts on their mobile phone application.

The service demonstrated outcomes of assessment and planning are effectively communicated. Support workers said the support plan is available at the consumer’s home. Management said information is also provided through email or by phone if there have been changes made and consumers are encouraged to speak with the service coordinators directly. Consumers and representatives interviewed said they have access to the support plan in the in-home file at their home. When changes are requested or made due to review or reassessment consumers and representatives said they are provided with the updated support plan.

The service demonstrated processes are in place to ensure support plans are regularly reviewed and meet the consumers’ current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers and representatives interviewed reported their services are regularly reviewed. Support workers interviewed stated when they identify a change to a consumer’s condition/needs they will report to the team leader and record information in the electronic management system.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 – ongoing assessment and planning with consumers.

# 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. | 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 service demonstrated personal and clinical care is tailored to consumers’ needs and preferences based on assessment of the consumer’s needs, goals and preferences. All consumers interviewed reported satisfaction with the care they receive. The service coordinators said they make referrals to nursing and allied heath staff for assessment of clinical needs and recommendations for the provision of best practice strategies. Policies and procedures are available to staff who confirmed the optimisation of consumers’ health and well-being is the focus of the services. Consumers and representatives interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service demonstrated that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers to manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Consumers and representatives said the service effectively manages high-impact and high-prevalence risks associated with the provision of care and services.

The service demonstrated an understanding of the needs, goals and preferences of consumers nearing the end of their life, maintaining consumers’ dignity and comfort, and respecting their cultural preferences. Consumers and representatives confirmed that, as part of the initial support planning discussion, advance care planning and end of life planning were discussed. The clinical manager advised if a consumer is in the palliative care phase of their illness, they are able to provide a comprehensive service or will work with external agencies specialising in the provision of palliative care to the terminally ill in their own home.

The service demonstrated that deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support staff to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers and representatives interviewed said there is regular contact from their coordinator and support workers who attend services are attentive to any changes/concerns.

The service demonstrated communication systems are available to the workforce to assist them to provide and coordinate care that respects consumer choices ensuring safe, effective, and consistent care is provided. Support plans are updated regularly, and all staff have access to information pertinent to their role. Consumers and representatives interviewed said their needs, preferences and choices are effectively communicated to them and staff get to know them well as they usually have the same staff.

The service demonstrated there is timely and appropriate referral to internally and to external providers that can meet the needs of the consumer. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes. Documentation reviewed showed information regarding care and services provided by external consultants such as physiotherapist or podiatrist are communicated to the home care package coordinators following a referral. Ongoing updates regarding treatment programs implemented by external service providers are provided regularly. This information is recorded in the electronic management system.

The service has documented policies and procedures to support the minimisation of infection related risks, through infection prevention and control practices. The service has in place practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumer’s medical practitioner. Staff and management advised that personal protective equipment is available to all staff, training has been completed in COVID-19 prevention, and staff are supported by policy and procedures. Additional training sessions has been provided to all staff including the donning and doffing of personal protective equipment.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 – personal care and clinical care.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service demonstrated that consumers receive services and supports for daily living that are safe and in accordance with their assessed needs and personal preferences. Information is gathered during assessments and reviews that is used to coordinate the delivery of services, and consumers/representatives are involved in decisions about how services can be tailored to promote their independence, physical health, emotional well-being and quality of life. Consumer and representatives interviewed said that the service listens to them and provides them with the services and supports they need, in a way that helps them to continue to do things independently.

The service demonstrated that the emotional, spiritual, and psychological well-being of each consumer is considered when services and supports for daily living are provided. The psychological well-being of consumers is considered during assessments and reviews and used to inform discussions about the services and supports that might assist well-being to be improved or maintained. Staff are trained to recognise, discuss, and report any concerns about the emotional well-being of consumers that they observe while delivering services and the service has systems in place to offer support.

The service demonstrated that it supports consumers to maintain the relationships that are important to them and to participate in the community. Information is gathered during assessments and reviews about consumers’ social and personal relationships and the things that interest them, and the service uses that information to guide decisions about how services are delivered. Consumers and representatives interviewed confirmed consumers have opportunities to do things that are meaningful to them.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and ensure that information shared is kept private and confidential. Staff were able to demonstrate they understood each consumer’s preferences, needs and health issues. The service evidenced where they share information to ensure others have current information where required. Support workers interviewed said they receive updates through an application on their mobile phone. Staff also said they will discuss at the beginning of a service what is to be provided with the consumer and report any changes in preferences, needs and condition of the consumer where, observed or indicated.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care are actioned. The service demonstrated processes are in place to guide staff for this to occur internally and externally. Consumers and their representatives said there is timely follow up from referrals made. Five consumers and representatives interviewed said they were satisfied they have been provided opportunities to be referred to other providers when issues were identified including for example allied health professionals, and community centre providers.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers and their representatives interviewed said they are satisfied with the equipment provided. Consumers and representatives advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 – services and supports for daily living.

# Standard 5

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

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# 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

The service demonstrated that consumers, representatives, and others are supported to provide feedback and make complaints. Staff are aware of the ways in which they can support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers. Consumers and representatives interviewed said they felt comfortable to provide feedback and make complaints either by talking to their home care coordinator or calling the office.

The service demonstrated consumers are made aware of and have access to advocates and other methods for resolving complaints. Management said, and provided evidence showing that, information about advocacy services, language services and making an external complaint is provided to consumers. Support workers who speak a consumer’s language are available to assist consumers. Consumers and representatives interviewed said they felt safe and comfortable in raising any concerns and how the service helps resolve any concerns or complaints they have about their services.

The service demonstrated that it takes appropriate action to resolve complaints quickly and uses an open disclosure approach when things go wrong. Consumers and representatives report being satisfied by the way in which the service responds to complaints. Staff are aware of the processes used to resolve complaints. The service has policies and procedures in place for the management of complaints, including an open disclosure policy. Consumers and representatives sampled said their concerns raised are responded to timely and action is taken.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management are aware of the processes to respond to complaints and could talk about how complaints are reviewed and used to improve the quality of care, particularly for individual consumers. Management also described the trends in complaints and incidents and steps they have taken to address the issues found. Consumers and representatives said they were satisfied when their concern raised were addressed with positive outcomes including meeting preferred time and having increased consistency in the staff attending particularly where there can be many services over a week.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 6 – feedback and complaints.

# 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 service demonstrated the workforce is planned and managed to ensure that consumers receive safe and quality care and services. The service continues to work with consumers to allocate regular and reliable support workers as part of the consumer’s care team. Support workers are rostered in a way that allows them to develop relationships and become familiar with the care needs and preferences of the consumers to whom they provide care. Consideration is given when recruiting and deploying staff to ensure that the service can match staff to individual consumers to ensure that consumers receive consistent and safe services.

The service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives said staff and management are kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the services they deliver. Consumers and representatives interviewed said support workers, coordinators and clinical staff providing their care and services are kind and caring and they are able through the consistency of the worker to build good rapport.

The service demonstrated the workforce is competent and suitably qualified to perform their roles. Consumers and representatives did not raise any concerns about the competency of staff when interviewed. Systems and processes are in place to ensure that staff and subcontracted staff can provide qualified and appropriate care. The service maintains position descriptions for each role, keeps records of any required qualifications and competencies and monitors any requirements for renewals and refreshers. Consumers and representatives interviewed said staff know what they are doing and provide a good standard of care and service to them.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. Recruitment processes include interviewing applicants, reference checks and onboarding, including buddy-shifts to ensure that they understand the environment in which they are working. Consumers did not raise any concerns through interview about dissatisfaction around staff knowledge and skills. All staff are required to complete scheduled training and systems are in place to monitor compliance. Staff interviewed confirmed they had completed onboarding including mandatory training at induction. Staff said they were supported to complete additional online training modules to improve their skills.

The service demonstrated there is regular monitoring and review of the performance of each member of the workforce. Policies and systems are in place to ensure that the performance of staff is regularly monitored and reviewed, and action taken when required to improve staff performance. Staff interviewed confirmed they participate in regular review of their role and can ask for support at any time. Increased support and monitoring are in place for support workers with a specific support worker team leader role in place. A team leader interviewed said their role was to provide daily ongoing support and be a conduit for further reporting of any consumer concerns or changes observed.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 – human resources.

# 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

The service demonstrated it has an organisation wide approach to gather feedback from consumers to inform the delivery of effective and safe care and services. Consumers interviewed said they were consulted about their choices and how services can support them. Management and staff demonstrated consumers are part of all aspects of care and service delivery. A consumer advisory board is in the process of being implemented. Consumers and representatives said they are engaged in how services are to be completed, implemented, and asked to provide feedback through speaking with their coordinator or to management if required. Management said they use opportunities arising from incidents, feedback, and surveys to inform conversations with consumers and representatives about care and services.

The service demonstrated it has a governing body which promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has an organisational structure including a board of management and leadership team to guide governance systems at the service. Reporting of key indicators including for incidents, feedback and staffing is completed to ensure all levels of leadership and the board of management are aware of operational matters. The general manager who leads the leadership team and chief financial officer (CFO) support the board of management in decisions including strategic planning, policy, and governance in the delivery of care and services.

The service has governance systems and processes in place to guide information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Leadership roles are in place to provide monitoring and oversight of each area. The Assessment Tram noted continuous improvement is being used to improvements in all areas.

* Staff interviewed said they have good access to consumer support plans and have real time updates to view as changes and information is added by the coordinators or scheduling team. Staff confirmed they have access to policies and processes on the L-drive on the organisational system.
* The service has a continuous improvement plan which is monitored by the clinical and quality officer. A meeting is held monthly to discuss progress of allocated actions from the plan and complete analysis of feedback, incidents and suggestions raised for possible addition to the plan.
* The service completes monthly reporting which is discussed by the general manager and CFO at the bi-monthly board of management meeting. The Assessment Team reviewed two consumers who have high unspent funds.
* The service monitors changes in compliance through peak body subscription and regular updates from various Government departments. A regulatory register is used and monitored by the leadership team to inform changes.

The service demonstrated it has effective systems in place to manage high impact or high prevalence risks associated with the care of consumers. The service is supporting consumers to live their best lives through provision of guidance to staff to understand risks which may impact the consumer and having discussions around choice. The service evidenced it is managing and preventing incidents through its use of an incident register and having monitoring processes in place.

* Support workers interviewed could describe the process to follow if an incident occurred and could describe the types of incidents they need to report immediately. An alert system is in place to escalate any incident raised to the support worker team leader who then ensures the HCP coordinator completes follow up including referral to nursing staff and management as required. A dashboard on the electronic care system tracks incidents which are monitored by the leadership team for investigation, action and close off.
* A weekly meeting occurs where consumer risks are discussed by coordinators and clinical staff. Topics include consumers who have had discharge from hospital, witnessed and unwitnessed incident reported, and observed deterioration.
* Clinical staff use recommended assessment tools and referrals are made to others for example, the consumer’s medical officer and for specific allied health services including speech pathology, dietitian, occupational therapy, and physiotherapy.
* The service uses its policies and processes around risk, choice, and dignity to guide staff in consulting and engaging consumers to understand their risk and agree strategies to support them to live their best lives.

The service demonstrated it has a clinical framework in place which includes the services response to supporting each consumer’s care and clinical needs. The framework includes processes for open disclosure, minimising of restraint and antimicrobial stewardship. Clinical indicators form part of regular discussion which result in actions including referral, training, and increased monitoring of consumers.

* The service has an open disclosure policy and process, and staff were able to describe the process used when incidents occur including apologising, keeping the consumer and/or the representative informed, completing an investigation and implementing changes where identified.
* The service has a minimisation of restrictive practices policy and process. Staff receive training to understand what this means when supporting a consumer in the community.
* Discussion with management and review of documentation showed clinical indicators are being collated and analysed. The information is discussed at leadership level, with the board of management and at specific care meeting attended by clinical staff and coordinators. A dashboard on the electronic care system is available for staff to view the data and track progress on improvements implemented following analysis and actions addressed.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 – organisational governance.

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