**Performance**

**Report**

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| Name: | Communify Queensland |
| Commission ID: | 700403 |
| Address: | 132 Latrobe Terrace, PADDINGTON, Queensland, 4064 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 6865 Communify Queensland Inc  
Service: 26487 Communify Qld Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7566 Community Queensland Ltd  
Service: 24422 Communify Queensland Ltd - Care Relationships and Carer Support  
Service: 24421 Communify Queensland Ltd - Community and Home Support

**This performance report**

This performance report for Communify Queensland (**the service**) has been prepared by Bruce Bassett, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 29 February 2024.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said they are treated with dignity and respect. Care documentation identified consumers’ preferences in relation to individuality, culture and diversity. Staff described how they provide care and services that align with consumers’ preferences. The service has implemented processes to ensure staff are trained in how to treat consumers with dignity and respect and how to value their individuality, culture and diversity. For example, the service has a Diversity and Inclusion Committee who organises events and education to promote a culture of inclusivity. A review of the committee meeting minutes for January 2024, indicate the committee has organised events to celebrate the Pride Festival and education for staff in relation to cultural awareness.

Consumers and their representatives considered care and services to be culturally safe. Care documentation identified consumers’ preferences with respect to cultural safety and these preferences are incorporated into consumers’ care and services. The service has policies and procedures to guide staff providing culturally safe care and services and staff confirmed they have received cultural awareness training.

Consumers and representatives provided positive feedback about how the service supports the consumers’ choice and decision making. The service’s assessment and care planning processes enable choice and decision making. Management and staff are aware of individual consumer’s preferences. Care documentation identifies consumers’ individual choices and decisions.

Consumers are satisfied they are supported to take personal risks and live the best life they can. The service has assessment processes and risk management policies to support consumer risk taking. Management and staff are aware of consumers at risk and could evidence examples of where consumers had been supported to undertake mitigated risks that contribute to their quality of life, for example in relation to operation of motorised mobility aids.

Consumers/representatives said they are satisfied with the quality of care and services and the provision of information. Information relevant to home care is provided in a form that is clear and easy to understand. For example, consumers and representatives receive information regarding the HCP Agreement, monthly budgets and statements and a consumer handbook.

Consumers said they are satisfied their privacy is respected. The service has established processes to manage the security of consumers’ personal information. Computers and computer applications are password protected. Offices are locked when staff are not in attendance. Staff are provided with training in privacy and confidentiality.

Following consideration of the above information, I have decided that Standard 1 is Compliant.

# 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

Consumers and representatives said they are satisfied the care and services meets the needs of consumers. Registered staff described the process for completing assessment and planning including the consideration of risks to consumers. Assessment tools are used to guide registered staff when completing assessments and to inform the delivery of effective care and services. Consumers’ care planning documentation included the outcomes of assessments. A review of consumers’ care documentation demonstrated assessment and planning is completed and current for HCP and CHSP consumers where appropriate.

Consumers and representatives said they are involved in consumers’ assessment and planning and when review of care and services occur. Care documentation demonstrated other organisations are included when identifying appropriate services for consumers such as physiotherapists, occupational therapists and podiatrists. Registered staff described how they include consumers and those they wish to be involved in the assessment and planning process.

Outcomes of assessment and planning are discussed with consumers, and they have access to documentation related to the care and services provided. Registered staff described how they communicate with consumers and representatives about assessment and planning and ensure documentation is available. Consumers confirmed there is a copy of care plans in their homes which is readily available to them. Consumers’ progress notes document ongoing communication.

Consumers and representatives said care and services are reviewed annually, when needed or if requested. Registered staff described the process for completing regular review of consumers’ care and services. Consumers’ care planning documentation recorded timely and appropriate assessments and review of care and services is occurring.

With respect to Requirement 2(3)(b), the Assessment Team report indicated that while the service asks consumers if they have an advanced care directive or statement of choices in place, the document itself or details relating to consumers’ end of life wishes are not recorded in consumers’ care planning documentation or provided to staff. For example, Three consumers said the service has discussed end of life wishes with them and they are certain the service has a copy of their advance care directive. However, a review of consumers’ care documentation did not include a copy of the advance care directive or any details relating to end of life wishes. A review of care documentation for HCP and CHSP consumers demonstrated when care planning documentation indicates an advance care directive is in place, the document nor further details relating to end of life planning is recorded. Registered staff and management said care staff do not have access to consumers’ end of life planning and will phone emergency services if necessary.

When provided with the feedback, management advised they would include advance care planning in the service’s plan for continuous improvement (PCI) with the following actions:

* Improve assessment processes in the ECMS to include additional questions related to advance care planning and end of life wishes.
* Develop a work instruction for staff.
* Develop a one-page document outlining consumers’ wishes regarding end of life which will be available in the consumer’s home with other care planning documentation.
* This action will be overseen by the senior manager and competed by the end of March 2024.

In responding to the Assessment Team report, the Approved Provider said the service had reviewed the assessment process and additional questions have been added to the ECMS to strengthen the client’s preferences to end of life wishes. A dedicated Advanced Care Planning Tab has been included in the client’s home folder, where the Advanced Care Planning documents will be stored and can be accessed. An Advanced Care Planning Work Instruction has been written for use by staff and staff will receive education regarding how to address and document consumer’s needs and preferences regarding end of life wishes.

In reviewing the provider response and the issues identified by the Assessment Team, I am satisfied the response from the Approved Provider is sufficient to ensure compliance with the Requirement and is proportionate and sustainable in relation to the issues. I have therefore decided Requirement 2(3)(b) is Compliant.

As all the Requirements in this Standard are Compliant, I have decided Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Consumers and representatives said consumers receive personal and clinical care which is tailored to their individual needs, and it is provided in a safe manner. The service works with the consumer and their representatives supporting them to make informed decisions about their options and the degree to which they wish to manage their care themselves and/or in collaboration with others, including medical professionals. Staff described consumer’s current personal and clinical care needs. Overall, consumers’ care documentation demonstrated clinical care is being provided in line with best practice and to optimise consumer’s health and well-being including diabetes management, indwelling catheter care and wound management.

Consumers and representatives said the service provides effective management of high impact and/or high prevalence risks for consumers. Registered and care staff described the care provided and mitigation strategies in place for monitoring consumers’ risks including falls, skin and weight loss. Consumers’ care documentation demonstrates risks to consumers are considered when delivering care and mitigation strategies are implemented.

Staff described how they have supported consumers when nearing end of life and how this care may differ. Management described how family and palliative care services are involved when consumers are nearing end of life. Registered staff described how they would engage with consumers and their families to identify their goals and preferences for care when nearing end of life.

Care staff described the escalation processes when changes in a consumer’s condition or deterioration are identified. Registered staff described processes in place to monitor consumers’ condition to readily identify and respond to changes in their condition. Consumers’ progress notes evidenced care staff routinely report and escalate any changes identified in consumers’ condition. Consumers’ care planning documentation recorded timely follow up and actions completed when changes in a consumer’s condition are escalated.

Consumers and representatives said staff know consumers well and have the information needed to provide care. Staff said information is provided through consumers’ care plans available in a mobile application and they are alerted to any changes. Management described the systems in place to ensure information related to consumers’ condition and needs is communicated throughout the organisation and where care is provided.

Consumers and representatives said consumers have access to medical and allied health professionals when needed which is supported and/or facilitated by the service. Registered staff said referrals to allied health professionals are completed for consumers when required. Registered staff said they communicate with consumers and representatives when a review by their general practitioner or referral to a specialist is needed.

Following consideration of the above information, I have decided Standard 3 is Compliant.

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

Findings

The service supports consumers to optimise their independence and well-being while considering their preferences and needs. Staff described how they support consumers to maintain their independence and quality of life and engage with consumers to ensure their preferences are supported. Care planning documentation includes information relating to the service and supports which are identified through consumers’ preferences. Staff described how they support consumers to maintain their independence by helping when needed and allowing consumers to complete tasks when able.

Consumers and representatives described how the service and staff support consumers’ emotional and spiritual well-being. Staff demonstrated an understanding of the spiritual needs of consumers and described occasions when they have supported consumers’ emotional well-being. Consumers’ care documentation includes observations of consumers’ emotional and psychological well-being each time staff engage with consumers in person or on the phone.

Consumers and representatives said the service supports consumers to participate in the community and maintain relationships. Staff described how they support consumers to engage in activities which interest them and maintain relationships and demonstrated knowledge of consumers’ interests and backgrounds. Consumers’ care documentation included information relating to how the service can assist consumers to participate in their community, have relationships and do things of interest to them. The respite centre has a monthly calendar of events which includes activities to promote social connection, physical and mental stimulation and areas of interest to consumers. Management said they seek input from consumers regarding activities they would like included and provided examples of when this has occurred.

Staff described information relating to consumers’ personal history, needs and preferences is available in care planning documentation. The service has an electronic care management system where care planning documentation is maintained and copies of consumers’ care plans are available for staff in consumers’ homes, at the respite centre and available through their mobile phones. Consumers said staff understand them and are respectful of their preferences.

Consumers described the activities and services they participate it at the respite centre. Staff and management described the processes for timely and appropriate referrals to other organisations and providers of care which includes the service’s respite centre.

Consumers said they enjoy the meals provided at the respite centre and described how the service assists them with accessing prepared meals delivered to their homes. Management described how the service provides morning/afternoon tea and lunch for consumers participating in the respite centre programs. Consumers’ dietary requirements are communicated and documented and include food intolerances, preferences and allergies and updated as required. A review of the document containing consumers’ dietary requirements demonstrated consumers’ needs are considered.

Consumers/representatives described how the service supports them to access equipment for consumers and how the equipment is maintained. Staff described how they ensure equipment provided is safe, clean and well maintained. Management described the processes used when equipment issues are escalated, and maintenance is required.

Following consideration of the above information, I have decided that Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers and representatives described the respite centre as welcoming and providing consumers an opportunity for independence and social connection with others. Staff described how the space is used to cater to the different interests of consumers. The respite centre was observed to be nicely furnished with aspects considering the needs of consumers.

Staff described the processes for cleaning and maintenance of the centre. Consumers were observed moving freely throughout the facility. The door to exit the centre has an alarm and management staff who are at risk due to the location on a busy road are redirected back inside the centre if they open the door. Management had not identified this as an environmental restraint. However, has put an action plan in place to identify consumers subject to an environmental restraint, which is addressed further in requirement 8(3)(c).

Consumers were observed actively participating in activities while seated in well-maintained chairs. Consumers said they were happy with the environment of the respite centre. Staff described the process for escalating any maintenance issues.

Following consideration of the above information, I have decided that Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives are aware of how to provide feedback or make a complaint. The service provides information to consumers and representatives about complaints processes. Complaints forms are available. Satisfaction surveys are conducted. Staff said, and a review of documentation confirmed, that in January 2024 consumers were invited to participate in an annual consumer satisfaction survey to provide feedback about care and services. The service provides feedback forms and instructions for providing feedback and making complaints in the consumer’s information pack they receive when they commence with the service.

Consumers said they were aware of how to raise complaints with external organisations. Detailed information about how to access advocates, language services and external complaints processes is provided. The service has established a process to support consumers who wish to appoint an advocate.

Consumers who have made a complaint said they were satisfied with the response from management and the actions taken. Policies are available to guide management and staff in the complaint resolution processes. A register of feedback and complaints is maintained. The service has a client and community complaints policy to guide staff in taking appropriate action in response to complaints and the open disclosure process.

The service documents feedback and complaints and reviews this information to identify improvement opportunities. There is a procedure to guide management in the evaluation of feedback and complaints. The service uses the PCI to record improvement activities. A review of the service’s complaint and feedback register, plan for continuous improvement, and interviews with staff confirm, that a policy and procedure was developed to ensure the consumer consents to the scope of cleaning work and items for disposal before work is completed following concerns raised by a consumer.

Following consideration of the above information, I have decided that Standard 6 is Compliant.

# Standard 7

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

Findings

Consumers and representatives said they are satisfied with staffing and management arrangements. Management plan workforce requirements based on the needs and preferences of consumers. Management described the process for filling unplanned leave, which included offering the consumer the option to reschedule the service, so they receive their regular staff member or to engage another staff member to provide care and services. Care and services are delivered by the service’s staff with support from contracted staff. Staff are satisfied they have sufficient time to meet consumers’ care and service needs.

Interactions between consumers and staff were observed to be kind, caring and respectful. Staff are trained in how to engage with consumers in an appropriate manner. Policies and other resources are available to guide staff. Consumers and representatives said staff care for consumers with kindness and respect.

Consumers and representatives said staff know what they are doing, and they deliver safe and quality care. The service recruits and trains staff to deliver safe and quality care and services that meet consumers’ needs and preferences. Training includes topics that are mandatory for all staff and topics that are specific to individual roles. Staff said they were satisfied with training provided. Review of staff records demonstrated the service maintains position descriptions which establish responsibilities, knowledge, skills and qualifications for each role and monitors national criminal history checks and professional registration.

Consumers and representatives expressed confidence in the workforce’s ability to deliver care and services. Staff said they receive training that provides them with the knowledge required to perform their roles. Training records indicate most staff have completed training that supports them to deliver the outcomes required by the Quality Standards. Staff said they are required to complete mandatory training which includes topics relating to the Quality Standards, clinical and personal care, infection control, the Serious Incident Reporting Scheme, and manual handling. However, through observations, interviews and document review the Assessment Team identified that staff did not have a shared understanding of restrictive practices and their regulatory requirements to gain informed consent for the use of restrictive practices. For example, the Assessment Team identified that consumers who are subject to environmental restraint did not have the required assessments or informed consent for the use of this practice. This is discussed further in Requirement 8(3)(c).

Management described the processes used for conducting regular assessment, monitoring and review of the performance of each staff member. Documentation indicates the majority of staff have participated in a recent performance appraisal.

Following consideration of the above information, I have decided Standard 7 is Compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Consumers are engaged with the service in the development and evaluation of care and services. Consumer feedback is actively sought by management and is used to develop and improve the service. Consumers and representatives said they were happy with the quality of care and services provided by the service. A review of the consumer advisory committee meeting minutes for December 2023, confirmed consumers from both HCP and CHSP funding streams were engaged in the evaluation of care and services.

A culture of safe, inclusive and quality care and services is promoted by management and incorporated into the service’s documents. The organisation’s governance structure is designed to ensure accountability. Management teams meet regularly to review the service’s performance and to plan actions to improve performance. Board members said, and management confirmed, organisational policies and procedures are reviewed and approved by the Board to ensure the policies and procedures promote a culture of safe, inclusive and quality care and services.

The service has developed effective risk management systems and associated practices. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The service has an incident management system. Clinical governance meeting minutes noted that clinical indicators and incidents are analysed to identify risks and risk mitigation strategies.

The service has implemented a clinical governance framework and associated policies and processes to guide the delivery of clinical care. Clinical care is delivered by registered nurses and clinical staff are trained in topics that fall under the clinical governance framework, such as antimicrobial stewardship and open disclosure.

With regards to Requirement 8(3)(c), the Assessment Team report indicated service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the service was not able to demonstrate regulatory compliance in relation to gaining informed consent for the use of restrictive practices.

The Assessment Team observed doors to access the respite centre were alarmed and required staff to use swipe cards to unlock the doors. Most consumers (Including HCP and CHSP consumers) who attend the respite centre are living with dementia and require additional monitoring and support and cannot leave the respite centre unaccompanied. Care staff said if they observed a consumer trying to exit the service, they would redirect the consumer, so they did not leave unaccompanied. Management acknowledged they had not considered restrictive practices in this context and as such had not conducted assessments to identify consumers subject to restrictive practices, nor gained informed consent for the use of this restrictive practice.

Additionally, the service identified two consumers whose medication is stored in a locked box in the consumer's home to reduce the risk of the consumer administrating the medication incorrectly. While the service had identified this practice as environmental restraint, the consumer’s care documentation did not include informed consent for the use of this restrictive practice. In response to this feedback, management acknowledged that informed consent had not been obtained.

In response to the Assessment Team’s feedback, management advised that the following actions would be implemented by 14 March 2024 to ensure informed consent is obtained for consumers subject to restrictive practices:

* The service would provide education to staff regarding restrictive practices.
* Conduct assessments to identify consumers who are subject to restrictive practices in the respite centre.
* Obtain informed consent from consumers’ or their substitute decision maker for the use of restrictive practices.

In responding to the Assessment Team report, the approved provider said the following actions have been implemented to ensure compliance with Requirement 8(3)(c),

* Staff have received education regarding Restrictive Practices.
* An education video regarding Restrictive Practices has been uploaded to the online education platform and staff have been required to view the video, and an updated Internal Audit Tool and Report has been developed to include a question around completing and uploading the restrictive practice informed consent form, to identify non-compliance in this area.
* The service has completed assessments to identify clients who are subject to restrictive practices and is currently working with clients and their substitute decision maker to have these consent forms signed.
* The service is updating the Restrictive Practices Policy and Procedure.

I note the Approved Provider’s response to the issues raised by the Assessment Team during the Quality Audit and acknowledge the actions taken both during the Quality Audit and since then to address the identified non-compliance. Following consideration of the Regulatory Compliance issues identified by the Assessment Team with respect to Restrictive Practices and the Approved Provider response, I am satisfied that the Approved Provider’s actions are sufficient to ensure compliance and are both proportionate and sustainable. Therefore, I have decided that Requirement 8(3)(c) is Compliant.

Following consideration of the information above, I have decided that all Requirements in this Standard are Compliant and therefore Standard 8 is Compliant.

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