**Performance**

**Report**

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| Name of service: | Community Support Home Care |
| Service address: | 64 Greenhill Road WAYVILLE SA 5034 |
| Commission ID: | 600607 |
| Home Service Provider: | Community Support Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 9 December 2022 to 13 December 2022 |
| Performance report date: | 11 January 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 Community Support Home Care (**the service**) has been prepared by A. Grant 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:**

* Community Support Home Care, 27124, 64 Greenhill Road, WAYVILLE SA 5034

# 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

Evidence analysed by the Assessment Team showed each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers when interviewed by the Assessment Team described staff as kind, caring and respectful. During interviews with the Assessment Team management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation analysed by the Assessment Team demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and/or representatives when interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. During interviews with the Assessment Team staff demonstrated an understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Documentation analysed by the Assessment Team included consumers' cultural background and spoken language. During interviews with the Assessment Team all consumers and/or representatives sampled advised they feel the service understands their background, culture and what is important to them through the intake process and regular review of services.

Evidence analysed by the Assessment Team showed each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and/or representatives when interviewed by the Assessment Team confirmed the service involves them in making decisions about the consumer’s care and services. During interviews with the Assessment Team staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

Evidence analysed by the Assessment Team showed consumers are supported to take risks to enable them to live the best life they can. Consumers and/or their representatives when interviewed by the Assessment Team indicated they do not wish to take risks, however, the services they receive enables them to maintain their independence make decisions in their day-to-day life including activities that involve risk.

Evidence analysed by the Assessment Team showed 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed they are generally provided with timely and relevant information and are able to speak to staff if they require more information. Care planning documents analysed by the Assessment Team showed that consumers are provided verbal and written information to enable them to exercise choices including a support plan following assessment and review processes, at commencement of services and as required. Staff and management when interviewed by the Assessment Team described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed each consumer’s privacy is respected and personal information is kept confidential. Consumers and/or representatives when interviewed by the Assessment Team felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# 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

Evidence analysed by the Assessment Team showed 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 and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. During interviews with the Assessment Team coordinators interviewed described how they assess consumer’s needs and risks at commencement of services, reviews and/or as required for example following incidents, and how assessments inform consumers’ care and support plans. Documentation analysed by the Assessment Team confirmed comprehensive assessment and planning is undertaken with consumers and/or representatives, including the consideration of risk.

Evidence analysed by the Assessment Team showed 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 when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. During interviews with the Assessment Team coordinators described how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services while taking into consideration their budget. Care planning documents analysed by the Assessment Team showed that needs, goals and preferences had been discussed with consumers and documented, including in relation to advanced care directives.

Evidence analysed by the Assessment Team showed 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 when interviewed by the Assessment Team confirmed they are involved in deciding the care and services provided to consumers such as personal care, nursing, social support, domestic assistance and gardening. During interviews with the Assessment Team management described how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews. Care planning documents analysed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to staff at point of care. Consumers and/or representatives when interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them. During interviews with the Assessment Team Coordinators confirmed that care plans and services are developed with consumers and/or their representatives and are communicated to staff members through a phone application (app). Care planning documents analysed by the Assessment Team confirmed that services are discussed and planned with the consumers and documented within the care plan.

Evidence analysed by the Assessment Team showed care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers’ care and services are reviewed regularly and as required. Coordinators when interviewed by the Assessment Team described how reviews are preferably completed face to face with the consumers within their own homes and that consumers’ review dates are recorded in the electronic system and monitored monthly by a manager. Evidence analysed by the Assessment Team showed reviews are scheduled depending on the Home Care Package level, with Level 1 being completed annually and HCP Level 4 being completed quarterly. Evidence analysed by the Assessment Team showed reviews are also conducted as required, for example, following incidents or when there is a change in condition. Care planning documents analysed by the Assessment Team showed that consumers’ reviews had been undertaken as per the service’s process.

# 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

Evidence analysed by the Assessment Team showed each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives when interviewed by the Assessment Team confirmed that consumers get care and services tailored to their needs and preferences, and optimises their health such as personal care, allied health services and wellbeing. During interviews with the Assessment Team coordinators and staff provided examples of care provided to consumers tailored to their health and wellbeing needs and reflecting best practice, for example, in relation to dementia, behaviours of concerns and falls risks. Care planning documents analysed by the Assessment Team confirmed that personal and clinical care was documented on care plans based on consumers’ assessments and provided detailed instructions to staff to support consumers’ needs, goals and preferences.

Evidence analysed by the Assessment Team showed effective management of high impact and high prevalence risks associated with the care of each consumer. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care. During interviews with the Assessment Team managers described and documentation analysed confirmed, how the service uses a risk register to monitor identified risks including diabetes, behaviour of concern, risk of social isolation, falls risks, being on oxygen and dementia. Care planning documents analysed by the Assessment Team identified individualised risks to consumers and strategies that are implemented to ensure that consumers’ risks are managed.

Evidence analysed by the Assessment Team showed the service would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Coordinators when interviewed by the Assessment Team advised they have not encountered consumers who are, or were, provided care and services at end of life, however, described how they would liaise with the consumers doctor and engage external services to provide the required palliative needs. Care planning documents analysed by the Assessment Team showed that advance care directives are discussed with consumers and outcomes documented within their care plans. Consumers were not interviewed in relation to this requirement.

Evidence analysed by the Assessment Team showed 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. Consumers and/or representatives when interviewed by the Assessment Team felt confident that staff would notice if their health changed and would respond appropriately. During interviews with the Assessment Team staff described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumers’ mobility, mental health, or level of independence. Documents analysed by the Assessment Team showed evidence of identification and actions taken when consumers’ health changed or deteriorated such as referrals to health professionals and adjustments to their care and services.

Evidence analysed by the Assessment Team showed information about consumer’s condition, needs, goals and preferences are communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives when interviewed by the Assessment Team confirmed that staff know them, and they do not need to repeat information about their needs and preferences. During interviews with the Assessment Team staff advised relevant information about consumers’ care and services are documented and communicated through care plans available on a mobile application. Evidence analysed by the Assessment Team showed staff document information about the delivery of consumers’ care and services in case notes at the completion of each service attendance.

Evidence analysed by the Assessment Team showed timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers had been referred to health professionals when required. During interviews with the Assessment Team staff described processes to refer consumers for different services externally to other health professionals or My Aged Care (MAC). The Assessment Team noted this was substantiated through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives when interviewed by the Assessment Team advised that staff keep them safe through the use of personal protective equipment (PPE), cleaning and COVID-19 testing. During interviews with the Assessment Team staff and management described, and observations and documentation viewed confirmed that, the service has processes for minimising risks of infection including policies, procedures, education and a national outbreak management team.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **Compliant** |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | **Compliant** |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | **Compliant** |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | **Compliant** |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed 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 when interviewed by the Assessment Team were satisfied that the services provided optimises the consumer’s independence, well-being, and quality of life through the provision of in-home services such as social support, domestic assistance, gardening services, transport and assistance with shopping and meal preparation. During interviews with the Assessment Team consumers advised they are supported to live independently through the varied services they receive. Staff and management when interviewed by the Assessment Team demonstrated services provided to consumers were tailored to their needs, goals, and preferences, and optimised their independence, wellbeing, and quality of life.

Evidence analysed by the Assessment Team showed services and supports for daily living promote consumer’s emotional, spiritual, and psychological wellbeing. Consumers and/or representatives when interviewed by the Assessment Team stated staff are attentive to consumer’s wellbeing and provide meaningful activities and services. During interviews with the Assessment Team staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 and/or representatives when interviewed by the Assessment Team confirmed they have day-to-day control over what activities they take part in and how the services assist them in accessing the community. During interviews with the Assessment Team staff and management described how the service assists consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed 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. Consumers and/or representatives when interviewed by the Assessment Team advised they generally see the same staff each time, and on occasions where are different staff, information regarding their needs, goals and preferences is available. During interviews with the Assessment Team Staff described how relevant information about consumers is documented and communicated within the service and externally.

Evidence analysed by the Assessment Team showed timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives when interviewed by the Assessment Team confirmed that consumers were timely and appropriately referred as required, for example, to allied health professionals and/or for purchase of mobility equipment. During interviews with the Assessment Team care coordinators described processes to refer consumers to external allied health professionals or My Aged Care. The Assessment Team noted this was substantiated through care planning documents analysed for sampled consumers.

Evidence analysed by the Assessment Team showed where meals are provided, they are varied and of suitable quality and quantity. Consumers when interviewed by the Assessment Team described how they are satisfied and involved in the choice of meals being provided, and they meet their nutrition and hydration needs and preferences. During interviews with the Assessment Team staff demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Evidence analysed by the Assessment Team showed consumers’ dietary needs and preferences are documented and communicated.

Evidence analysed by the Assessment Team showed where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives when interviewed by the Assessment Team confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Consultants and staff when interviewed by the Assessment Team described, and care planning documents analysed for sampled consumers substantiated, how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations.

# 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 Five are not applicable and therefor were not assessed, as a result Standard 5 is not applicable.

# 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

Evidence analysed by the Assessment Team showed consumers and others are encouraged and supported to provide feedback and make complaints. Consumers and/or representatives when interviewed by the Assessment Team stated should they have issues with the services, they would ring the service or speak to their coordinator to discuss their concerns. During interviews with the Assessment Team staff and management described how they support consumers to provide feedback and make complaints. The Assessment Team noted the complaints records show that consumers and representatives can provide feedback on their services.

Evidence analysed by the Assessment Team showed consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Consumers and/or representatives when interviewed by the Assessment Team stated they would feel comfortable ringing the service to discuss their concerns. During interviews with the Assessment Team management stated information about advocacy services is provided to consumers, representatives and others in the consumer welcome pack, and the service connects consumers with interpreters when required.

Evidence analysed by the Assessment Team showed appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives when interviewed by the Assessment Team stated they had not needed to make a complaint or provide feedback, however, felt confident that the service would take actions if they raised feedback. During interviews with the Assessment Team showed management discussed the service’s processes for managing complaints. Evidence analysed by the Assessment Team showed complaint documentation demonstrated open disclosure principles are used as part of the complaint management process.

Evidence analysed by the Assessment Team showed feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management when interviewed by the Assessment Team described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation analysed by the Assessment Team showed how the service used consumer feedback to improve the quality of services.

# 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

Evidence analysed by the Assessment Team showed 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. Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the number of, and the support provided by staff delivering care and services. During interviews with the Assessment Team management discussed processes to ensure there are enough staff to deliver care and services. The Assessment Team noted all consumers and/or representatives when interviewed advised that staff always arrive on time for their scheduled shifts, and have enough time to provide quality care and services

Evidence analysed by the Assessment Team showed workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and/or representatives when interviewed by the Assessment Team stated staff are kind and caring. During interviews with the Assessment Team staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The Assessment Team analysed a sample of position descriptions for various positions within the service and noted that all contained the service's values and behavioural expectations highlighting kind, caring and respectful care and service delivery.

Evidence analysed by the Assessment Team showed the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and/or representatives when interviewed by the Assessment Team confirmed they felt staff delivering care and services were competent. During interviews with the Assessment Team staff advised they are provided education and support which enables them to competently perform their roles. During interviews with the Assessment Team management described how they ensure staff have appropriate training, experience and personal attributes to deliver high quality care and services. Management when interviewed by the Assessment Team stated they assess competence at interview and monitor this ongoingly through a variety of ways including mandatory and other training, observations, feedback from staff and consumers, incidents, and performance reviews.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff in various roles when interviewed by the Assessment Team described completing relevant training and being supported by management, and through policies and procedures to perform in their role. During interviews with the Assessment Team consumers and representatives indicated they were satisfied with the level of training provided to staff.

Evidence analysed by the Assessment Team showed regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff when interviewed by the Assessment Team confirmed they were supported in their performance review process. During interviews with the Assessment Team management described their process for regular assessment and monitoring of staff performance.

# 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

Evidence analysed by the Assessment Team showed consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed by the Assessment Team described how they have input about services provided. During interviews with the Assessment Team management and staff described how consumers have input about their services through formal and informal feedback processes. During interviews with the Assessment Team management described, and provided evidence of, a project where the service follows three consumers who agreed to be part of the project, from being onboarded by the service and ongoing throughout their time with the service. Management when interviewed by the Assessment Team advised this will allow them to identify any issues for consumers and develop improvements to care and services.

Evidence analysed by the Assessment Team showed the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. Evidence analysed by the Assessment Team showed the service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Evidence analysed by the Assessment Team showed the organisation commissioned a consultant to perform a review of the service in early 2022. Evidence analysed by the Assessment Team showed the results of this review have been used by the organisation to improve the quality and safety of care and services.

Evidence analysed by the Assessment Team showed established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. Documented below is a selection of evidence to substantiate this statement.

Information management

Evidence analysed by the Assessment Team showed all consumer information is stored securely, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role. Evidence analysed by the Assessment Team showed policies, procedures and other documentation are available on the electronic systems, and the Assessment Team noted all policies have been reviewed recently.

Continuous improvement

Evidence analysed by the Assessment Team showed the organisation’s continuous improvement plan included improvements informed by consumer feedback, actions identified by the commissioned review, system improvements, policy and procedure review, and opportunities to upskill staff.

Financial governance

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines board and management responsibilities. Evidence analysed by the Assessment Team showed the organisation has an effective system to monitor consumer unspent funds and use this to offer additional equipment and services to consumers.

Workforce governance

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. Evidence analysed by the Assessment Team showed there are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Aged Care Quality Standards, including the assignment of clear responsibilities and accountabilities.

Regulatory compliance

Evidence analysed by the Assessment Team showed the service has effective systems to track COVID-19 vaccinations, qualifications, drivers licences, first-aid and cardiopulmonary resuscitation certification and training completions for all staff.

Feedback and complaints

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Evidence analysed by the Assessment Team showed staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure. – *End of Feedback and Complaints heading.*

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact and/or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

Care documentation analysed by the Assessment Team, and interviews undertaken with staff and management, demonstrated there are robust processes in place to manage high impact and high prevalence risks for consumers, through detailed communication to staff delivering care and services, and monitoring of risk by the clinical lead and executive leadership team.

Evidence analysed by the Assessment Team showed an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. Staff described, and documents analysed by the Assessment Team showed, comprehensive training and processes in medication management, restrictive practices and open disclosure to ensure safe delivery of care and services, and detailed monitoring and reporting.

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)