**Performance**

**Report**

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| Name: | Continuity Care Hervey Bay |
| Commission ID: | 701063 |
| Address: | 25 Clove Street, Griffin, Queensland, 4503 |
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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: 9642 Continuity Care Australia Pty Ltd  
Service: 27589 Continuity Care

**This performance report**

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

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

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

# Material relied on

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

* the assessment team’s report for the quality audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 16 May 2024, which includes commentary relating to the deficits identified, actions to address the deficits, and supporting documentation.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2 requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(e)**

* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented to enable staff to provide quality care and services.
* Ensure consumers’ goals, needs and preferences, including those related to advance care and end of life planning, where consumers wish to disclose, are identified and appropriate management strategies developed.
* Ensure outcomes of assessment and planning are effectively communicated with consumers and representatives and care plans are discussed with and available to them and to staff at the point of care.
* Ensure assessment and planning processes are based on ongoing partnership with consumers, and others the consumer wishes to be involved.
* Ensure care plans are reviewed for effectiveness and/or updated in response to incidents and changes in consumers’ circumstances. Ensure care plans are reflective of consumers’ current and assessed needs, preferences and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints are captured and regularly reviewed to enable emerging trends and improvement opportunities to be identified.

**Standard 7 requirements (3)(c), (3)(d) and (3)(e)**

* Review processes relating to how staff competency, skills and knowledge are assessed, monitored and tested to ensure staff are competent to undertake their roles.
* Review how staff competence is monitored and how additional training requirements are identified and addressed.
* Review processes to ensure current training programs, workforce support and resources meet the outcomes required of the Quality Standards, and for staff directly engaged by consumers, review processes to ensure their practices are monitored and checks are complete and satisfactory.
* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken and accurate records maintained. This includes for staff engaged directly by consumers.

**Standard 8 requirements (3)(a), (3)(b), (3)(c), (3)(d)**

* Review processes relating to how consumers are supported and engaged in the development, delivery and evaluation of care and services and that feedback gathered through various avenues is considered.
* Review processes relating to how the delivery of care and services is overseen by the management team, including care and services provided by staff directly engaged by consumers.
* Review the organisation’s governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing high impact or high prevalence risks and managing and preventing incidents.

# Other relevant matters:

* Standard 5 was not assessed as part of the quality audit as it did not apply to the services provided by the service.

# 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 Quality Standard is compliant as all six requirements assessed have been found compliant. The assessment team recommended requirement (3)(e) in this Standard not met.

**Requirement (3)(e)** The assessment team recommended this requirement not met as consumers are not provided with all the relevant information they require in order to be fully informed, empowered and to understand how HCPs operate. Consumers have not been provided with the operational manual for home care recipients which sets out package guidelines and requirements and how the package works. A list of the care and services which constitute a HCP has not been provided to consumers to ensure they are fully informed regarding the range of care and services available to them, including inclusions and exclusions. The home care agreement mentions Schedule 3 of the *Quality of Care Principles 2014*, however, a copy of this is not provided to consumers. The HCP agreement for the self-managed option states consumers must enter into a services agreement with each third party provider, including staff directly engaged by the consumer. There is no evidence consumers are provided with guidance or support regarding the services agreement, such as a template setting out the requirements for staff. Each consumer had not been provided with a care plan.

I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s response, as well as other evidence highlighted in the assessment team’s report. It is expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services the organisation offers, their commitments and obligations. As noted in the assessment team’s report, each consumer is offered an HCP agreement. A budget is developed and monthly statements are provided showing income and expenditure, along with copies of invoices for services during the month. Consumers are informed of the service’s fees, including package and care management. Consumers who self-manage their packages engage their own staff and arrange services according to their available budget. While a list of the care and services which constitute a HCP has not been provided to consumers, the client handbook provides a brief overview of these care and services. I have also considered there is no obligation for the provider to provide the HCP operational manual, a 168 page document, to consumers. Additionally, of the nine consumers/representatives interviewed, none provided negative feedback relating to the information received or indicated consumers could not make informed choices. In fact, consumers and representatives agree consumers are provided with information in a way which enables them to make informed choices, and consumers who self-manage their packages said they have control in relation to their care and services.

I do, however, acknowledge that the current HCP agreement provides limited guidance relating to services agreements for those consumers who self-manage their packages. However, I have considered that this has been appropriately addressed in the provider’s response which states the welcome pack is being reviewed and updated. Additional content in the welcome pack will include the operational manual; incident management, complaints, advocacy and translation services fact sheets; a services agreement template; and mandatory requirement for staff engaged by consumers checklist. In relation to care planning, I have considered this evidence in my finding for requirement (3)(d) in Standard 2.

**In relation to all other requirements**, all consumers and representatives interviewed confirm consumers are treated respectfully and with dignity. They said staff are friendly and polite and staff and management are available to provide information and support at any time. Consumers said they can arrange services to suit their personal circumstances and individual preferences, and they maintain choice and control over their care and services and how these are provided.

The organisation promotes an inclusive approach to recognising and respecting diversity, without judgement, regardless of beliefs, attitudes, social circumstances, ethnicity, health status, ability, sexual orientation or gender identity. Education is provided for staff on working in a consumer-centred manner and respecting consumer dignity, choice and diversity during all interactions. Staff and management spoke about consumers in a way that conveyed respect, and knowledge of individual consumer’s identity and diversity, and they readily described each individual consumer’s personal circumstances and preferences.

Consumers and representatives confirm staff understand consumers’ background and what is important to them, and this is respected when arranging care and services. They said staff treat consumers in a way which makes them feel safe and valued, and consumers who self-manage their packages directly engage staff according to their individual needs. The service has a multicultural focus, aiming to support culturally and linguistically diverse consumers from various backgrounds. Staff come from a range of different backgrounds, with some staff speaking several languages. Staff described how services are provided in line with consumers’ individual wishes and cultural norms, and such considerations are discussed with consumers, differences are acknowledged, and care and services are adapted accordingly. Unique cultural needs are discussed, and cultural diversity and individual consumer lifestyle preferences are recognised and accommodated.

Consumers are encouraged to include their representative, carer, family member or support person in discussions, particularly where there may be communication barriers or cognitive decline. Consumers and representatives said consumers are able to decide how they wish the service to support them to continue to live the way they wish and the service supports their choices. Consumers can nominate who they would like to be involved in decisions regarding their ongoing care. Consumers who self-manage their packages said they have control over how their care and services are arranged and provided, they interview and hire the care staff they require and design their service schedule to meet their needs, preferences and their chosen lifestyle.

The service recognises that consumers have the right to self-determination regarding their care and services, including the right to take risks and/or decline services and supports. Where consumer choice involves an element of risk, risks and consequences are discussed to enable consumers to make an informed decision. A risk assessment is completed, where relevant, and alternatives and options are considered to mitigate or reduce risk. Consumers and representatives agree staff support consumers to make decisions about things that affect their lives and maintain their independence.

Consumers are advised of how their personal information will be used and their consent is sought prior to sharing of information. Consumers are informed of the circumstances where their information may need to be disclosed, such as when there are concerns for their health and safety. Staff maintain consumer confidentiality, are aware of their settings and audience when discussing consumer information and do not discuss personal information outside of relevant work environments.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as all five requirements assessed have been found non-compliant. The assessment team recommended all requirements in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as assessment and planning, including consideration of risks to consumers’ health and well-being, does not inform the delivery of safe and effective care and services. The service does not have a suite of triggered or other validated assessment tools, including for other aspects of care to guide staff practice in comprehensive assessment for each consumer. Management confirm home safety risk assessments are not conducted, despite staff entering consumers’ homes.

Nine of 12 care files demonstrate assessment and planning does not adequately determine key information about a consumer’s needs, preferences, and risks, including those relating to skin integrity/pressure injuries, refusal of care, and catheter management. While staff and management described individual consumer’s circumstances, information is not documented and staff rely on their own knowledge of the consumer to manage risks. Documentation does not include sufficient detail about each consumer’s individual assessed needs, risks or strategies to manage risks. While staff engaged directly by consumers are aware of risks to consumers’ health, this information is not obtained from care plans, but through discussions with consumers and representatives.

The provider’s response states research will be completed for additional validated assessment tools to be introduced for staff to guide comprehensive assessment. Continuity care risk assessments have been completed with consumers and two consumers have declined for a care plan to be completed.

I acknowledge the provider’s response. However, I find assessment and planning processes do not effectively inform delivery of safe and effective care and services, including consideration of risk. Assessment processes have not been undertaken, including to identify risks relating to skin integrity/pressure injuries, and care plans do not include strategies to manage these risks or other identified care needs to guide staff in the provision of care and services. As such, I find lack of assessment and planning has not ensured consumers are supported to get the best possible care and services or that their safety, health and well-being are not compromised.

For the reasons detailed above, I find requirement (3)(a) non-compliant.

**Requirement (3)(b)** The assessment team recommended this requirement not met as assessment and planning is not documented sufficiently to address each consumer’s current needs, goals, and preferences. A comprehensive service-level assessment is not conducted for each consumer to identify their current needs, goals and preferences, and while advance care planning is discussed with consumers at commencement, this information is not consistently recorded.

The provider’s response states in preparation for care planning meetings, copies of clinical assessments were requested, however, many consumers said they did not have copies of or could not share their assessments. Coordinators have engaged with consumers to update or complete care plans and support plans.

I acknowledge the provider’s response. However, this requirement expects that services do everything they reasonably can to plan care and services that centre on consumers’ goals, needs and preferences, including in relation to advance care and end of life planning. I find the service’s current practices have not ensured this has occurred. While care plans have recently been developed, they have not been developed in consultation with consumers to ascertain their current goals, needs or preferences, with the information gathered solely from information available at the service, including My Aged Care (MAC) summaries. Additionally, the provider should consider how conversations with consumers’ relating to advance care and end of life planning are documented and how and when these conversations are revisited to ensure currency of information.

For the reasons detailed above, I find requirement (3)(b) non-compliant.

**Requirement (3)(c)** The assessment team recommended this requirement not met as care files lacked evidence of consumer and representative involvement in the planning and review of services. Management said care plans were completed in April 2024, based solely on information available at the service, including MAC summaries, and without active participation from consumers. While two consumers expressed satisfaction with the services they receive, they said no discussion has occurred with the coordinator about the care and services. Despite care plans identifying staff engaged directly by consumers, there are no established communication methods with the staff regarding changes in a consumer’s condition nor a system in place for staff to report incidents impacting consumers, such as falls or decline in health. Staff said they communicate concerns relating to consumers’ conditions to the designated representative, however, said there is no system in place for them to notify the service of their observations or concerns for the consumer’s overall health and well-being.

The provider’s response indicates coordinators have engaged with consumers to update or complete their care plan and support plans.

I acknowledge the provider’s response. However, I find assessment and planning processes are not based on ongoing partnership with the consumer, representatives or others. Care plans have recently been developed based on solely on information available at the service and without active participation from consumers. This was further supported by feedback from two consumers who stated no discussion has occurred with the coordinator about their care and services. I have also considered effective communication channels between the service and staff directly engaged by consumers have not been established. Involvement of these staff members, if the consumer wishes, in assessment and planning of care can assist the service to get to know consumers’ goals, needs, and preferences and assist continuity of consumers’ care and services. As such, I find current practices do not support and encourage consumers to take part in assessing and planning their own care and services or recognise that making decisions on an ongoing basis about their own life and having those decisions respected has the potential to improve consumers’ health and well-being.

For the reasons detailed above, I find requirement (3)(c) non-compliant.

**Requirement (3)(d)** The assessment team recommended this requirement not met as the outcomes of assessment and planning are not consistently communicated and reflected in a documented care plan, provided to the consumer and made available to staff at the point of care. Care files sampled include several examples where important information related to the assessment and planning of a consumer’s care and services is not available in the care plan. For example, while risk of falls was noted in the care plan for a consumer who experienced falls in late December 2023, recommendations made by the occupational therapist were not included in the care plan. A care plan for a consumer who had introduced personal care services due to a general decline in health had not been updated to include this information, and the service was unaware of the consumer’s changed care and service needs. The service’s own staff said information regarding consumers is received verbally and there is no care plan available in the consumer’s home. Consumers and representatives interviewed said they do not have a copy of the consumer’s care plan and said staff rely on verbal information to guide them regarding changed needs and care. Management confirm care plans may not contain all information necessary to guide staff in delivering care and services.

The provider’s response states care plans have been uploaded onto the electronic system for access by care staff and staff engaged by consumers have been provided a copy of care plans for consumers they are supporting.

I acknowledge the provider’s response. However, I have considered the intent of this requirement which states a care and service plan, which includes a person’s needs, goals and preferences, should be available to the consumer in a way they understand. The evidence demonstrates care plans to guide staff in the delivery of care at the point of service are not available. This is supported by feedback from consumers and representatives who said they do not have a copy of the consumer’s care plan and from staff who said care plans are not available in the consumer’s home. I have also considered outcomes of assessment and planning are not effectively communicated, with several examples identified through care files where important information related to consumers’ care and services is not available in the care plan. This was further supported through feedback from the coordinator and management who confirm care plans may not contain all information necessary to guide staff in delivering care and services.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

**Requirement (3)(e)** The assessment team recommended this requirement not met as care and services are not regularly reviewed, including when consumers’ circumstances change. Most of the nine care plans sampled were dated the same date in April 2024, and show a comprehensive review was not undertaken. Management confirm care plans are based on information extracted from the consumer’s MAC support plan rather than thorough reassessment of their current circumstances and care needs. A care plan for one consumer dated April 2024 lacked vital information about changed care needs, and had been completed without considering the change in the consumer’s health over the last two years and what services had been added. Staff said care plans have not been consistently reviewed annually, when consumers are discharged from hospital or when there is a change in circumstances, and were unable to demonstrate consumers had a care plan in place prior to April 2024.

The provider’s response states a monitoring tool has been developed to indicate when assessment and planning documentation is due for review, and a review of the support form is to be developed and implemented.

I acknowledge the provider’s response. However, I find the service has not ensured care and services are regularly reviewed for effectiveness, including in response to changes in condition or circumstance. In coming to my finding, I have placed weight on feedback from staff who said care plans have not been consistently reviewed annually, or in response to a change in consumers’ circumstances. While all care plans have been updated in April 2024, just prior to the quality audit, there is no evidence to demonstrate care plans were in place prior to this. As such, I find the service’s current practices do not ensure care and services are being delivered in line with consumers’ current needs and preferences or ensure consumers are safe and risks are minimised.

For the reasons detailed above, I find requirement (3)(e) non-compliant.

# Standard 3

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

Findings

The Quality Standard is compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirement (3)(e) in this Standard not met.

**Requirement (3)(e)** The assessment team recommended this requirement not met as while consumers and representatives said staff are aware of consumers’ needs, there is insufficient information in care plans to guide staff in delivering care and services. Additionally, communication with consumers who self-manage their HCP is not proactive; with the service relying on consumers and/or representatives to notify the service of any changes in needs or health decline. Progress notes are only completed by the service’s own staff to record and communicate the consumer’s current condition and needs. A system is not available for staff engaged directly by consumers to communicate concerns or incidents. Care files sampled show recommendations from allied health professionals are not always reflected in care plans. Two consumers said they are now receiving personal care due to a change in condition. They said they have not informed the service about this change and have not received any communication from the service to discuss their care needs in the last three months. Management acknowledge regular well-being check-ins with self-managed consumers have not been occurring, leading to a lack of awareness about consumers’ current needs and health status.

I have come to a different finding to the assessment team’s recommendation of not met. In coming to my finding, I have placed weight on the provider’s response which shows the organisation has established a line of communication with all staff engaged by consumers (currently three consumers). These staff have been provided a copy of consumer documentation, and a link and QR code to access the organisation’s incident reporting system. The provider also states coordinators will continue to build relationships with staff engaged by consumers to ensure consistent and proactive information sharing. I find the actions implemented will enable staff engaged directly by consumers to now have access to information relating to consumers’ current care needs, enabling them to provide safe and effective care and services, and pathways to communicate with coordinators and the service.

**In relation to all other requirements in this Standard**, personal and clinical care provided to consumers is best practice, tailored to their needs and optimises their well-being. Staff interviewed are aware of consumers’ needs, goals, and preferences and described how they ensure care is tailored to consumers’ needs. There are processes to identify, manage and monitor high impact or high prevalence risks associated with consumers’ care. Staff demonstrated appropriate and effective care relating to risks, such as falls and strategies to manage those risks. Involvement of allied health professionals where additional support is required, was evidenced. Consumers and representatives believe the personal and clinical care consumers receive is safe and effective.

Consumers nearing end of life are referred to the palliative care team and/or their general practitioner and their services are increased in line with their deterioration. While consumers and representatives interviewed did not specifically discuss palliative care, they described how the care and services provided to consumers preserve their dignity and maximise their quality of life. One consumer is receiving palliative care services from the hospital, with the service’s own staff providing personal care and monitoring pain and comfort. The representative said the service has considered the consumer’s wishes to receive in-home palliative care, and referrals are made to community nurses when a clinical need arises. Progress notes show the consumer has been provided comfort care on a daily basis and is being kept comfortable at home.

All consumers and representatives interviewed are confident staff would recognise if there was a sudden change in the consumer’s health and would take appropriate action. Where required, timely and appropriate referrals to individuals, other organisations and providers of other care and services are initiated. Staff described actions they would take where they recognise deterioration in a consumer’s condition, including escalating the situation to the coordinator, or contacting an ambulance, noting their responsibility to stay with the consumer until the ambulance arrives. Staff engaged by consumers said they would report any changes in condition to the consumer’s representative. However, there is no established communication pathway between the service and staff engaged directly by consumers who self-manage their package with the service relying on the consumer or their representative to report changes. I have considered this further in my finding for requirement (3)(e) of this Standard.

Consumers and representatives said the service adheres to infection mitigation measures. An infection prevention and control policy outlines roles and responsibilities and describes standard precautions, transmittable based precautions, hand hygiene and vaccinations. All staff providing services are required to undergo annual infection control training, and it is mandated that all staff practice hand hygiene before and after completion of any tasks and use appropriate personal protective equipment, when necessary. Where a consumer has an active transmittable infection, essential services are delivered, however, non-essential services may be postponed.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

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

Findings

Consumers and representatives said the services and supports consumers receive helps them to maintain their quality of life and independence. Staff understand what is important to individual consumers and described how they help consumers to do as much as they can for themselves if this is their preference. While care plans are not consistently individualised, including the range of services and specifics on the way these are to be provided to support consumers’ to meet their goals, this has been considered in my findings for Standard 2.

Consumers and representatives agree the services and supports for daily living promote consumers’ emotional, spiritual and psychological well-being. Care plans include information relating to consumers’ emotional, spiritual and psychological well-being needs, where appropriate. Staff understand what is important to individual consumers and said if a consumer is feeling down, they take the time to have a conversation with them and listen. The service’s own staff report any concerns about a consumer’s emotional or psychological well-being to the coordinator who actions any required follow-up action. Where required, appropriate and timely referrals to individuals, other organisations and providers of various care and services are initiated.

Consumers said they are provided with opportunities for social interaction and social connection through the supports they receive. Staff provided examples of being flexible in providing social support based on what the consumer’s preference is for the day. Care plans include information about each consumer’s background and what their interests may be. The service emphasised its active efforts to ensure all consumers are supported in accessing the community, including for day to day activities, such as shopping, visiting coffee shops and attending appointments.

Consumers and representatives are satisfied that information about consumers’ care and services is shared within the service and with others involved in their care. Most consumers said they are attended by staff who know them well and the care and services they need. Staff said they receive information about the consumer and are informed of any changes to the consumer’s condition. Staff engaged directly by consumers said they are provided with relevant information on the consumer’s needs and preferences directly by the consumer and/or their representative.

The service supports the nutritional needs of consumers through assistance with meal delivery services if required, and consumers who have meals delivered to their homes have choice over what they receive. Consumers are satisfied the meals delivered to them meets their expectations and are of sufficient quantity and variety.

Where equipment is provided it is safe, suitable and meets consumers’ needs. Management described processes for purchasing, maintaining and replacing equipment, including where the responsibility is shared with equipment suppliers. Care plans detail the aids and equipment used by consumers, the dates of the last maintenance and the next scheduled maintenance for the equipment.

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

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the four requirements assessed has been found non-compliant. The assessment team recommended all four requirements in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as consumers and others are not actively encouraged or supported to provide feedback or make complaints. The service does not actively nor regularly seek feedback from consumers. Consumers and representatives interviewed said they are required to initiate communication with the service. While a consumer survey was conducted in February 2024, a total of three responses were received. Management said there should be monthly communication with each consumer, however, this was not evidenced.

I have come to a different finding to the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have considered the evidence does not sufficiently demonstrate that consumers are not encouraged and supported to provide feedback or make complaints. In fact, the assessment team’s report indicates consumers interviewed said they contact the service if they are not satisfied and wish to make their opinion known. They said they feel comfortable contacting the service, and they are able to speak directly with staff or management at any time. HCP agreements and the client handbook outline feedback and complaints processes, including pathways available and relevant contact details. I acknowledge a low response rate to a survey in February 2024, however, this evidence does not persuade me that consumers overall are not supported and encouraged to provide feedback and make complaints, and demonstrates the service provides opportunities for consumers to provide feedback on the care and services they receive. I also note there are currently only 12 consumers receiving services. The provider’s response indicates review of the support form will be undertaken to include a section regarding feedback and complaints as a way of proactively engaging consumers in providing feedback.

For the reasons detailed above, I find requirement (3)(a) compliant.

**Requirement (3)(b)** The assessment team recommended this requirement not met as consumers who may have barriers to using the feedback and complaints processes have not been provided information to ensure they are fully informed and empowered to access these services. Information on communication support services available to consumers is limited, and the range of support services available, and relevant contact details, are not provided in order to enable consumers to independently engage communication support services should they wish to do so. The client handbook explains that interpreters and translators will be made available to support consumers’ interactions with the service. However, information is not provided to support consumers to independently access translation and interpreting services, in order to communicate with the service or with the Aged Care Quality and Safety Commission.

I have come to a different finding to that of the assessment team and find this requirement compliant. While I acknowledge information is not provided to support consumers to independently access translation and interpreting services, the client handbook includes information detailing interpreters and translators will be made available to support consumers’ interactions with the service. I do note there is no information in the assessment team’s report to indicate there are currently consumers who require these services, and the nine consumers/representatives interviewed did not provide any negative feedback relating to the lack of access to these services. Information provided to consumers, including client handbooks and HCP agreements, includes internal and external methods for raising complaints, and advocacy services. I have also considered evidence in the assessment team’s report in Standard 1 requirement (3)(c) indicating consumers are encouraged to include their representative, carer, family member or support person in discussions, particularly where there may be communication barriers or cognitive decline. I would encourage the service to review information provided to consumers on commencement to ensure there is reference to language services, including contact details, and to review how information relating to internal and external complaints avenues, advocacy services and language services is provided to consumers on an ongoing basis. I also acknowledge the provider’s response stating the welcome pack will be reviewed to include more comprehensive information relating to advocacy services.

For the reasons detailed above, I find requirement (3)(b) compliant.

**Requirement (3)(c)** The assessment team recommended this requirement not met as an effective complaints management system was not demonstrated. The feedback and complaints register submitted prior to the quality audit was a template, with no feedback or complaints recorded. Management said they have not received any complaints and explained should a consumer raise an issue with staff, action is taken immediately to resolve the issue, however, there was no evidence to demonstrate this. While management described two examples to show how negative feedback and/or complaints had been managed, these issues had not been recorded on the feedback and complaints register. A second version of the register provided by management included one of the described complaints, however, did not evidence that the recurring issues with the consumer’s understanding of the service’s role and responsibilities in supporting them to self-manage their HCP have been appropriately addressed.

I have come to a different finding to that of the assessment team and find this requirement compliant. While I acknowledge feedback and complaints are not documented, management described two examples of where consumers had provided feedback and/or complaints and the actions taken to address the issues raised. For one example, while the assessment team indicate the feedback and complaints register did not evidence if the actions implemented had addressed one consumer’s issues, management spoke of ongoing communication with and explanations provided to this consumer regarding this matter. I have also considered of the nine consumers and/or representatives interviewed during the quality audit, none provided negative feedback relating to actioning of complaints. I also acknowledge the provider’s response indicating office based staff have been advised that all feedback is to be documented for recording in the register and for follow up where required.

For the reasons detailed above, I find requirement (3)(c) compliant.

**Requirement (3)(d)** The assessment team recommended this requirement not met as feedback and complaints are not reviewed and used to improve service quality. A consumer survey conducted in February 2024 resulted in three responses, however, there was no evidence that this information had been used to improve services.

As noted in requirement (3)(c), the provider’s response indicates office based staff have been advised that all feedback is to be documented for recording in the register and for follow up where required.

I acknowledge the provider’s response. However, I find a best practice system to manage feedback and complaints was not demonstrated. Complaints data is not documented on the feedback and complaints register to enable effective monitoring, or identification of trends and improvements to the quality of care and services to be identified and implemented. As such, I find the service is not actively using avenues available to them to enable improvements to the quality of care and services to be identified.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The Quality Standard is non-compliant as three of the five requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(c), (3)(d) and (3)(e) in this Standard not met.

**Requirement (3)(c)** The assessment team recommended this requirement not met as while there are systems in place for the service’s own staff, the service does not have oversight of the competency, qualifications or knowledge of staff engaged by consumers who self-manage their packages. There is no evidence that management ensure staff directly engaged by consumers have the qualifications or knowledge relevant to their role or that the staff are competent to provide care and services under a HCP. HCP agreements state prior to engaging staff, the consumer must obtain and provide a copy to the service of the staff member’s current federal policy check, appropriate references, verification of qualification, copies of registrations and licences, first aid certificate, insurance, where relevant, and vaccinations records; execute a services agreement prior to provision of any services; and ensure staff comply with the service’s policies and procedures. There is no evidence that this process has been followed nor that relevant policies and procedures have been provided to staff. Consumers who self-manage their packages are currently receiving a range of care and services and management said they have not confirmed qualifications or competency of these staff members. One consumer said they obtained copies of the documents listed from the staff they engaged but had not provided these documents to the service.

The provider’s response states the service has engaged with staff engaged directly by consumers to request copies of mandatory documentation and have received this from two of the three staff. A compliance register has been implemented to monitor the currency of mandatory requirements and a checklist for self-managing consumers has been developed and is to be distributed to these consumers.

I acknowledge the provider’s response. However, I find current systems to monitor whether staff directly engaged by consumers who self-manage their package are competent and working within their scope of practice, responsibilities and skills are not effective. While HCP agreements outline a range of information which consumers are required to obtain and provide to the service prior to engaging a staff member, there is no evidence this process has been consistently followed. In fact, while a consumer confirmed they obtained copies of the required documents from the staff whom they engaged, they had not provided these documents to the service and there was no indication that the service had sought to obtain these documents from the consumer in line with the organisation’s process. I acknowledge actions implemented by the provider subsequent to the quality audit, however, I consider time will be required to embed these new processes into practice to ensure effectiveness.

For the reasons detailed above, I find requirement (3)(c) non-compliant.

**Requirement (3)(d)** The assessment team recommended this requirement not met as each member of the workforce is not recruited, trained, equipped and supported to deliver the outcomes required. There is no evidence that staff have received training on the Quality Standards, including what these mean for them in their role, and management confirm staff have not been provided with additional training relevant to aged care. Staff responsible for ongoing assessment and planning have not been provided with relevant training and education, other than buddy shifts when commencing in the role. There is no staff training and development plan, register or calendar, in place, with management stating staff are able to source training on their own initiative should they wish to do so. There is no evidence that staff engaged by consumers who self-manage their package are aware of the Quality Standards, the Aged Care Code of Conduct or that they have had the training and education to equip them to meet the outcomes required. Management do not have oversight of staff engaged by consumers in order to ensure they meet their responsibilities as a provider of HCPs.

The provider’s response states a copy of the Quality Standards and acknowledgement has been provided to aged care staff and two of the three staff engaged by consumers. Staff induction processes will also include information about the Quality Standards.

I acknowledge the provider’s response. However, in coming to my finding, I have considered the service has not ensured the workforce is supported to undertake training, learning and development opportunities to meet the requirements of their role or to deliver the outcomes required by these Standards. Orientation processes include an overview of duty of care and dignity of risk, medication supervision, incident reporting, restrictive practices, feedback and complaints and privacy and confidentiality and mandatory training includes first aid, cardiopulmonary resuscitation, manual handling and infection prevention and control. However, there is no evidence to show training is conducted on an ongoing basis to ensure staff are equipped and supported to undertake their role, including training related to the Quality Standards or aspects of aged care, and a staff training and development plan, register or calendar is not maintained. While there is a requirement for consumers to obtain and provide copies of first aid certificates of staff they engage, there are currently no processes to ensure these staff have the required training, or that they are equipped to undertake their role as management do not have oversight of this workforce. As such, I find the organisation has not ensured all staff are supported to take up training, learning and development opportunities to enable them to meet the needs of their role.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

**Requirement (3)(e)** The assessment team recommended this requirement not met as regular assessment, monitoring and review of the performance of each member of the workforce was not demonstrated. There is no monitoring of the performance of staff engaged directly by consumers. Management said they rely on the consumer to manage those staff and have not sought feedback on performance. Management said they would not be aware if a consumer had made a change in the staff who attend them nor the reasons.

The provider’s response states performance reviews have not been occurring consistently or in a formalised manner due to key staff movements over the last 12 months, and reviews have not occurred for aged care staff. The provider states the performance review and development framework will be reviewed and reimplemented and reviews will occur every three months.

I acknowledge the provider’s response. However, in coming to my finding, I have considered the intent of the requirement which expects the performance of all members of the workforce to be regularly evaluated to identify, plan and support any training and development needs. I find current systems and practices have not ensured this has occurred, including for staff directly engaged by consumers.

For the reasons detailed above, I find requirement (3)(e) non-compliant.

**In relation to requirements (3)(a) and (3)(b)**, the workforce is planned and deployed to support care and service delivery. Where the service’s own staff are providing care and services, strategies are in place to support continuity of care. Rostering staff ensure staff are allocated to provide the agreed services for the two consumers managed by the service. Consumers who self-manage their packages directly engage staff to provide their care and services according to their needs and preferences and consumers may engage staff through various methods and pathways. Management are not aware whether self-managed consumers have not received the services they require due to staff being unavailable. Consumers and representatives are satisfied with staff availability and consistency and confirm staff know consumers’ needs and preferences. They said consumers receive the agreed care and services, as planned in consultation with them, and staff are always on time. Consumers said they are consulted if regular staff are not available and are offered the choice of another staff or an additional service at a later time.

Consumers and representatives said staff treat consumers kindly and with care, respect their individuality and accommodate their preferences. Staff and management spoke respectfully about consumers and were familiar with individual consumer’s needs and preferences. The service’s own staff described what they would do if they observed disrespect towards a consumer, stating they would report any concerns to management. Policies and procedures, supporting documentation and published information clearly set out the organisation’s approach to respecting each consumer’s individual uniqueness, and staff abide by the code of conduct and receive training on consumer rights, dignity and diversity.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not 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. | Not 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. | Not 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. | Not 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 Quality Standard is non-compliant as four of the five requirements assessed have been found non-compliant. The assessment team recommended all five requirements in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as the organisation does not actively engage consumers in the development and evaluation of care and services. While a consumer survey was conducted in February 2024, the response rate was low. No other strategies for engaging with consumers to understand their experience and evaluate and improve service quality were demonstrated. In participating the recent survey, one consumer responded that they would like more communication from the service. There was no evidence that this feedback had resulted in improved communication with consumers. Management said there should be monthly communication with consumers, however, this has not been occurring. The continuous improvement plan shows management have identified a need to proactively seek consumer involvement in the development and evaluation of their care and services. An annual survey is also planned.

The provider’s response did not address the evidence in this specific requirement.

I find the organisation’s processes do not ensure consumers are effectively engaged in development, delivery and evaluation of care and services or supported in that engagement. While there are feedback processes, monthly communication and surveys, these avenues are not consistently undertaken or effective, nor have they resulted in improvements to the overall quality of care and services consumers receive. Complaints are not consistently captured or documented to enable trends and improvements to the quality of care and services to be identified and implemented. Only three responses were received from a survey undertaken in February 2024, with no evidence to demonstrate actions have been taken in response to feedback received. As such, I find the organisation’s current processes have not ensured consumers’ experience and quality of care and services has been considered in the development, delivery and evaluation of care and services.

For the reasons detailed above, I find requirement (3)(a) non-compliant.

**Requirement (3)(b)** The assessment team recommended this requirement not met as the organisation did not demonstrate they actively promote and understand their responsibilities and accountabilities regarding the delivery of safe, quality care and services. Management does not have effective oversight of ongoing assessment and planning processes to satisfy themselves that each consumer consistently receives safe, quality care. Management have not ensured they are fully informed of the consumer experience and level of satisfaction, or otherwise, with the service quality. The organisation has no oversight of the delivery of care and services provided for consumers who have chosen the self-management option. Management initially said the consumer is responsible for the quality of care under the self-managed option.

The provider’s response did not address the evidence in this specific requirement.

I find the organisation has not effectively demonstrated the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Systemic issues have been found in relation to assessment, planning and review, human resource management and organisational governance. Evidence presented by the assessment team in this requirement, and across the Quality Standards assessed, shows the management team do not sufficiently understand their responsibilities relating to oversight of staff engaged by consumers who self-manage their packages. I have also considered the findings of non-compliance in relation to 13 requirements across four of the seven Quality Standards assessed indicates the governing body may not sufficiently understand their responsibilities as they relate to monitoring and improving the performance of the organisation against the Quality Standards. I find such practices do not ensure the governing body is aware of whether it is meeting what consumers, the workforce and others expect for safe, inclusive and quality care and services from the organisation.

For the reasons detailed above, I find requirement (3)(b) non-compliant.

**Requirement (3)(c)** There are effective organisation wide governance systems relating to financial governance and regulatory compliance. However, the assessment team recommended this requirement not met as governance systems relating to information management, continuous improvement, workforce governance and feedback and complaints are not effective.

Assessment and care planning information is not always documented, information is incomplete and care plans do not consistently document strategies to guide staff practice. Information provided to consumers to support decision-making is not consistently relevant, accurate or provided in a timely manner. A self-assessment against the Quality Standards conducted prior to the quality audit identified a range of improvement activities, however, further deficiencies were identified by the assessment team throughout the quality audit. The organisation did not demonstrate that they meet their responsibilities and accountabilities as a provider of HCPs. While management have oversight of the service’s own staff, there is no oversight of staff engaged directly by consumers. Consumer and representative feedback is not actively sought, and an effective system for seeking and capturing all consumer feedback was not demonstrated to ensure oversight of consumers’ experience and to identify training needs and service improvements.

In relation to this requirement, the provider’s response referenced the remedial actions outlined in Standards 6 and 7.

I acknowledge the provider’s response. However, I find the service and organisation have not demonstrated effective organisational governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Information to guide staff in provision of care and services is not available, including at point of service or reflective of consumers’ current goals, needs and preferences. While a continuous improvement register is available, it only includes improvements derived from a self-assessment completed prior to the quality audit. There is no evidence to demonstrate that continuous improvement activities have been identified, implemented and the outcomes evaluated over time through an ongoing process.

The findings of non-compliance in three of five requirements in Standard 7 indicates the organisation’s workforce governance systems are not effective. The organisation’s processes have not ensured the workforce is competent, or supported to deliver safe and quality care and services to consumers, or that their performance is regularly reviewed. This includes staff directly engaged by consumers who self-manage their package. While there are processes to monitor and implement changes to legislative requirements, the findings of non-compliance in relation to 13 requirements across four of the seven Quality Standards assessed indicates the organisation are not complying with their regulatory obligations. In relation to feedback and complaints, I have considered that while management and operations team minutes include feedback and complaints, complaints are not routinely documented, therefore, not ensuring the governing body has oversight and awareness of complaints raised or to enable trends and continuous improvement opportunities to be identified.

For the reasons detailed above, I find requirement (3)(c) non-compliant.

**Requirement (3)(d)** The assessment team recommended this requirement not met as effective risk management systems and practices for identifying, managing and mitigating risk in relation to aged care consumers were not demonstrated. Inherent risks associated with consumers’ care have not been consistently identified and appropriately assessed to inform development of care plans and strategies have not been documented to guide staff to ensure risk is monitored, managed and/or minimised for each consumer. Service staff rely on their own knowledge of the consumer to manage risks; staff engaged directly by the consumer rely on information from the consumer. Examples of consumer incidents were provided by consumers and representatives interviewed, however, the incident register is a template and no incidents are recorded. Management said there have been no incidents reported for the two consumers attended by the service’s own staff; there is no incident reporting pathway for staff engaged directly by consumers. Staff engaged by consumers confirm they are not aware of the service’s reporting mechanisms.

The provider’s response states falls risk assessments have been completed for all consumers willing to engage in assessment and planning and the non-response plan has been covered in reviewed care plans. Access to incident reporting has been provided to all staff engaged directly by consumers.

I acknowledge the provider’s response. However, I find risk management systems and practices relating to managing high impact or high prevalence risks and managing and preventing incidents are not effective. Assessments to identify risks have not been undertaken to inform staff of consumer risks and strategies to manage or mitigate risks have not developed, therefore, not ensuring preventable harm to consumers is identified and managed. I consider such practices do not ensure the possibility of risks and the impact to consumers is reduced. I have also considered current incident management processes are not effective. While consumers and representatives provided examples of incidents, these are not reflected on the incident register, as such, there is no evidence to demonstrate that actions have been taken in response or appropriate safeguards implemented to ensure risks to consumers’ health and well-being are minimised and/or eliminated. As data is not documented, this does not ensure the governing body has effective oversight and awareness of incidents that are occurring or to enable trends to be identified, drive continuous improvement and prevent similar incidents from occurring. Additionally, staff directly engaged by consumers are not aware of the service’s reporting mechanisms relating to incidents.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

**Requirement (3)(e)** The assessment team recommended this requirement not met as effective oversight of restrictive practices by staff engaged directly by consumers who self-manage their packages was not demonstrated.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. I do not consider the evidence presented demonstrates systemic deficits relating the organisation’s clinical governance framework or that good clinical results for consumers are not being achieved. While the assessment team state the service would benefit from further consideration of restrictive practices in the context of aged care, for example, where staff may be requested by a consumer’s representative to use a restrictive practice, there was no evidence that this had occurred. In fact, the assessment team’s report indicates there are no consumers subject to restrictive practices, and the organisation understands that inappropriate use of restrictive practice is a reportable incident under the serious incident response scheme. Staff receive training on restrictive practices, including in the context of behaviour support and management.

In coming to my finding, I have considered evidence in the assessment team’s report demonstrating the organisation has a documented clinical governance framework which sets out the organisation’s approach to overall clinical governance, including purpose and scope to ensure consumers receive appropriate clinical care. While the framework’s scope, purpose and content relates to national disability insurance scheme (NDIS) services, the framework defines and describes the components of clinical governance and acknowledges the importance of ensuring there are effective and efficient communication systems to support care provision, coordination and collaboration with medical professionals, hospital and specialist services, and includes roles and responsibilities of the workforce, the management team and the managing director. The managing director provides clinical care, when required, and oversees clinical care provided by the service’s own staff. Currently, the majority of consumers do not require clinical care to be provided under their package, and where a consumer has a specific clinical care need which cannot be met by staff or management, the service will arrange care through other services, medical professionals or relevant organisations. While no clinical incidents have been reported, staff receive education on the use of open disclosure and guidance is provided in the clinical governance framework. I have also considered the findings for requirements in Standard 3 demonstrates staff awareness of organisational policies and procedures relating to clinical governance and provision of clinical care to consumers.

I am unable to form an opinion on the organisation’s systems and practices relating to antimicrobial stewardship as there is no evidence presented in the assessment team’s report relating to this aspect of the requirement.

For the reasons detailed above, I find requirement (3)(e) complaint.

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)