**Performance**

**Report**

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| Name: | Endeavor In Home Services |
| Commission ID: | 201506 |
| Address: | 3/10 Bridge Street, GRANVILLE, New South Wales, 2142 |
| Activity type: | Quality Audit |
| Activity date: | 14 November 2023 to 15 November 2023 |
| Performance report date: | 17 January 2024 |

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: 8896 Endeavor In Home Care Pty Ltd  
Service: 26747 Endeavor In Home Care Pty Ltd

**This performance report**

This performance report for Endeavor In Home Services (**the service**) has been prepared by, Gill Jones, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 13 December 2023.

# Assessment summary for Home Care Packages (HCP)

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

*Requirement 2(3)(b)*

Ensure assessment and planning includes discussion with each consumer about their needs, goals and preferences regarding their advance care planning or end of life wishes.

*Requirement 2(3)(e)*

Implement a system and process to ensure care and services are regularly reviewed for effectiveness, particularly after an incident or when the consumer’s needs changed.

Ensure all care plan reviews and any associated assessments are documented appropriately and information is accessible to staff to drive care delivery.

*Requirement 8(3)(c)*

Implement an effective organisation wide information management systems which ensures care documentation is consistently recorded, stored and easily accessible to staff.

Ensure policies and procedures recently implemented are customised to the service and staff are trained in their use, particularly in relation to managing and documenting dignity of risk discussions.

# 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

Consumers and/or representatives said staff were respectful and upheld their dignity when communicating with them and delivering care and services. Consumers also said staff show they understand their identity, culture and background, and the things that are important to them. Support workers interviewed showed they are respectful of consumer’s needs and demonstrated an understanding of their identity, culture, and diversity. Care documentation described consumer backgrounds and was noted to be recorded in a respectful manner.

Consumers and/or representatives said support workers understand their preferences and the culturally sensitive aspects of their services, which makes them feel culturally safe. Support workers described how they deliver culturally safe care, tailoring tasks to suit a consumer’s individual preferences relating to their culture.

Consumers and/or representatives described how they can exercise choice and independence, making their own decisions about the way services are delivered and who they would like to be involved in making those decisions and their care. Case managers explained how consumers are involved in making decisions and support workers described how they encourage consumers to choose what they will do together. Consumer care documentation showed evidence of decisions about who was involved in their care.

Consumers and/or representatives said they generally do not take many risks but have the support of the service to assist with maintaining their independence, safety, and quality of life. Support workers described how they support consumers to make choices and decisions about their services which may involve risks, and to live as independently as possibly. The service has a decision making, dignity and choice policy, which also included guidance in relation to dignity of risk. However, not all case managers were fully aware of the policy and the ‘dignity of risk’ terminology, nor the requirement to document associated risk assessments and conversations held with consumers and/or representatives to explain these risks. Overall, consumers are being supported appropriately to take risks enabling them to live the best life they can, but processes in place to manage this risk are not being documented. Whilst gaps were identified in relation to documenting risk assessment activity I am satisfied that no immediate and severe risk to consumer’s health and well being was identified. This issue is further dealt with in relation to Standard 8 Requirement (3)(c) regarding information management.

Consumers and/or representatives interviewed expressed high satisfaction with the level of communication the service provided. All consumers interviewed said they received timely monthly HCP statements, which are itemised and easy to understand.

All consumers and/or representatives interviewed said staff respect their privacy and keep their personal information confidential. Support workers interviewed could describe how they maintained consumer privacy during services, kept personal information secure and maintained confidentiality outside the service. Policies relating to privacy and confidentiality are in place.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit. I have considered this commitment to continuous quality improvement in making my decision.

Having considered the information in the Assessment Team’s report and the approved provider’s response, I find six of the six requirements in Standard 1 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. | 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. | 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. | Not Compliant |

Findings

Assessment and planning includes consideration of risks to consumer’s health and well-being. Risk assessments, including falls and environmental risk assessments, are completed during the initial assessment. The service discusses this requirement with the consumer and representatives as part of their assessment of the service the consumer requires. A review of documentation however, identified that these assessments were not always dated when completed resulting in it being difficult to identify their currency. Interviews with staff confirmed staff knew the risks associated with the care required by individual consumers and how to mitigate these although they were not always documented. Whilst gaps were identified in relation to documenting risk assessment activity I am satisfied that no immediate and severe risk to consumer’s health and well being was identified. This issue is further dealt with in relation to Standard 8 Requirement (3)(c) regarding information management.

Assessment and planning results in consumer's current needs and preferences being addressed within their care plans. However, these processes do not included discussion with each consumer about their needs, goals and preferences regarding their advance care planning or end of life wishes. Management confirmed they do not have conversations with consumers in relation to these end of life preferences as part of the initial assessment and planning. Care documentation reviewed did not include any directions for end of life care wishes. Several consumers and representatives could not recall any conversations with the service about whether they had or wished to have any end of life or advance care planning in place. This included one consumer whom the hospital suggested should complete advanced care planning.

Assessment and planning includes the consumer and others, based on the consumer's wishes. Case managers liaise with representatives and other individuals to ensure assessment and planning meets the requirements of each consumer. Care plans include other services that are involved in the consumer's care.

The outcomes of assessment and planning are regularly communicated to consumers and their representatives and documented in a care and services plan. Consumers understood what services they were receiving. Case managers stated that they provide a care plan to each consumer although not all consumers could remember receiving one. Some consumers however were aware their care plan was available to them. To address this deficit, at the time of the audit, management agreed to continue to educate consumers on how to use the care plan provided to them.

There was insufficient evidence to demonstrate that care and services are regularly reviewed for effectiveness, particularly after an incident or when the consumer’s needs changed. Care plan reviews were not documented in all care plans, particularly for those consumers living in NSW. Whilst management could discuss reviews undertaken with consumers following an incident these interventions were not documented. Progress notes were also not recorded consistently across the service. In NSW consumer documentation was not consistently stored in either an electronic or paper-based format, with some support workers neglecting to write progress notes. Support workers could not describe how often a consumer care plan is reviewed or what may trigger a review. Management, at the time of the quality review, advised that they are working on putting all care plans, and progress notes into the electronic system, which records the date completed and when it is due for review.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find two of the five requirements in Standard 2 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

Consumers and representatives interviewed found that the services they receive are safe and effective. Consumers described how both personal and clinical care services were tailored to their needs and optimised their health and well-being.

High-impact and/or high-prevalence risks associated with the care of each consumer are being effectively managed. Management was aware of the risks associated with specific consumers which included falls, pressure injuries, incidents, and consumers requiring additional personal care than their current package allows. Suitable interventions including the provision of equipment and referral to other health professional were some of the strategies employed to mitigate risks identified.

The service has not had any consumers in the past 6 months who were nearing the end of their life or who required palliative care. The provider has a policy in place for providing end of life care. This policy has just been implemented 1 November 2023. Management described how they would assist in providing 24/7 support workers and registered nurses if required.

Consumers' deterioration or changes to their cognitive and physical function are identified by staff or consumer families. Staff have training in how to recognise signs of deterioration. The service responds in a timely manner and continues to monitor the health and well-being of the consumer.

When a consumer's needs or preferences change, they are acted upon and communicated to the relevant people involved in the consumer’s care. Not all information about a consumer’s condition is documented fully within the organisation but information is shared appropriately within the organisation and with others outside the organisation where responsibility for care is shared. This issue of inconsistency in documentation will be dealt with in Standard 8 Requirement (3)(c).

Timely and appropriate referrals are made for consumers when the need is identified. This includes services such as physiotherapy, podiatry and occupational therapy. Support workers raise any change in the consumer’s condition with management for follow-up with the consumer and/or family prior to any referrals being made.

The provider has an infection control policy and staff are provided training to prevent and control the spread of infections. Staff are provided with PPE which consumers stated staff wear when providing services. The provider does not have oversight of consumers medication as all consumers are self-managed or managed through family members. However, staff are provided training in awareness of antimicrobial stewardship and the dangers of over prescribing antibiotics.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find seven of the seven requirements in Standard 3 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and/or representatives said they participate in activities that optimised their independence, health, and quality of life. Support workers comprehensively outlined examples of individual consumer needs, goals, and preferences and how they support consumers in the services delivered. Sampled care and services documentation showed that while the service was capturing basic information about consumers interests, needs and preferences, most hard copy care plans lacked details. Information about goals was sometimes missing or not personalised, instead specifying the types of service(s) being delivered. Whilst a lack of detail was evident this did not negatively impact consumer safety or care as staff were aware of consumers’ needs, goals and preferences. Management at the time of the audit provided a commitment to improving documentation of care plans and progress notes. This issue of inconsistency in documentation will be dealt with in Standard 8 Requirement (3)(c).

Consumers and/or representatives said they have an ongoing relationship with their regular support workers which helps meet their emotional and psychological needs and improve their overall health and wellbeing. They expressed confidence in their support workers recognising mood changes and communicating this to case managers and family as appropriate. Management and staff demonstrated detailed understanding of consumers emotional and psychological wellbeing and described strategies to support them.

Consumers and/or representatives provided positive feedback about the opportunities available to them to participate meaningfully in their communities if they wish, have social relationships, and pursue activities of interest. Support workers interviewed described the personal relationships and social connection activities important to consumers’ wellbeing. Sampled care and services documentation included information on important people and relationships in the consumers’ lives, and usually captured basic information about individual hobbies, interests, and preferred activities.

Consumers and/or representatives were satisfied the service has effective and regular communication systems in place to share information about their condition, needs and preferences. They said they were confident support workers provided feedback to their case managers and that case managers provided sufficient information to support workers and other people involved in providing support or services. As previously noted, documentation in hard copy progress notes lacked consistency and appeared ad hoc. This issue of inconsistency in documentation will be dealt with in Standard 8 Requirement (3)(c). Management, at the time of that audit gave a commitment to rectifying this issue.

Consumers and/or representatives said referrals are made as required and in a timely manner, and that this included occupational therapy assessments for home modifications and equipment, as well as participation in social support and community-based groups. Sampled care and services documentation showed evidence of progress notes detailing contacts with referrers.

Consumers and/or representatives who had received equipment through the home care package were satisfied the equipment was safe, appropriate, and well maintained. A formal system to track when hired equipment was due for servicing was not in place but management undertook to introduce this. Support workers described the equipment consumers are using and confirmed they had received instructions for it’s safe use and training when needed.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find six of the seven requirements in Standard 4 compliant. Requirement 4(3)(f) was not assessed as ‘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

Consumers and/or representatives interviewed, said that they can and are supported to provide feedback and make complaints. All consumers receive an information package which explains the complaints/compliment/feedback process and includes the charter of aged care rights, outlining a consumer’s right to complain.

Consumers and/or representatives confirmed they have also been made aware of advocates, language services and other methods for raising complaints. They said it was included in their information provided at commencement. Management said that for those consumers that have language barriers, they use translator services and have their documentation in their preferred language.

Consumers and representatives’ feedback on their experience of the complaints’ management process was positive. All complaints were quickly resolved to the consumer’s satisfaction. Open disclosure was demonstrated for dealing with complaints and feedback.

Consumers and/or representatives said the service seeks their feedback regularly about the services they receive. They are invited and encouraged to provide any feedback or suggestions. All feedback is input into the feedback and complaints system, and regularly reviewed and used to improve the quality of care and services.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find four of the four requirements in Standard 6 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The number and mix of workforce members delivering personal and nursing care are sufficient to deliver safe and quality services to consumers. Consumers and/or representatives who had provided feedback in relation to support workers not attending in accordance with their agreed schedule; stated that alternative arrangements were always discussed with them, to ensure continuity of service. Management stated that they do not have unfilled shifts, and any non-attendance is due to exemplary circumstances and not due to insufficiency of staff.

All consumers interviewed, provided positive feedback regarding staff. All said staff treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding the choice of support worker and timing for their services.

Consumers and representatives confirmed they felt staff were competent and have the skills to perform their roles. Staff described completing relevant training and being supported in their role.

The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression.

A performance appraisal system in place for ongoing monitoring and reviewing of the performance of each staff member. Appraisals are conducted annually. Staff interviewed said that they are supported in the performance appraisal and review process and have regular meetings with their supervisor.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find five of the five requirements in Standard 7 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. | 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. | 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. | 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

Consumers and representatives were able to provide examples of times they had provided feedback to the service and the service have used this feedback to develop and improve services.

Most consumers and/or representatives sampled said they are satisfied the service provider promotes a culture of safe, inclusive, and quality care and the services is accountable for their service delivery. Management remain accountable for the delivery of quality care and services by remaining informed of delivered services, and key risk areas. The organisations continuous improvement plan had both immediate mitigation strategies, and long-term system improvements documented to improve the service.

The service demonstrated they have effective systems for continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints  
but not an effective organisation-wide information management system.

The service has effective systems and processes in place to ensure consumer, representative and staff feedback is captured, and that information is used by management to inform and improve services. The service has an ongoing continuous improvement plan and issues for inclusion are identified through consumer, representative and staff feedback, identified risks and incidents and internal audits. Management confirmed financial governance systems are in place to manage finances. Management has oversight of the service’s income and expenditure, and this is reviewed regularly. All staff are provided with a job description that includes clear explanations of roles and responsibilities. All staff interviewed were aware of their roles, accountability, and responsibilities. The service monitors staff compliance with regulations such as police checks and management ensure they keep up to date with regulatory changes in the sector.

With regard to information management systems, as previously noted in Standards1, 2 and 4 care documentation is inconsistently recorded and deficiencies were noted in the quality and quantity of information held. For NSW consumers, progress notes were not consistently stored in either an electronic or paper-based format, with some support workers neglecting to write progress notes. Assessments were not dated, lacked detail and were not consistently included in the paper based care plans of the associated consumers for staff access. Management stated at the time of the quality review, they were aware of the inaccuracies and weaknesses of their current system and are introducing a new information management system which has been successfully trialled.

Management and staff did not document when dignity of risk was explored with consumers. Whilst they were able to describe examples of dignity of risk discussions and how the results of those discussions were implemented with each consumer; management and staff seemed unfamiliar with the terminology, or the requirement to document risk assessments specifically in relation to not participating in recommended care and services, or activities, that presented risk to consumers safety, health, or well-being, as part of dignity of risk decisions, in care planning documentation.

The service recently implemented a new suite of policies and procedures replacing their previous policies but staff have not been trained in their use. Furthermore, these new policies are not customised to the service. Management indicated that they were of these issues and would address these deficits.

The organisation has a number of processes in place to identify and manage risks associated with the care of consumers, including high impact and high prevalent risks including a risk register and incident management system. Support workers interviewed were aware of policies and procedures around identifying and responding to abuse and neglect of consumers and were able to describe the process. Consumers and representatives said case managers and support workers have built rapport with them and know what is important to them. They said they are able to live life the best they can with support from support workers and case management staff.

In terms of clinical governance, the service uses consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The governance framework includes a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical or personal care is being provided. Policies and practices are in place that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. As previously noted, these policies and procedures need customising to the service.

The approved provider responded to the Assessment Teams report on 13 December 2023 indicating their commitment to address any areas for improvement identified during the audit.

Having considered the information in the Assessment Team’s report I find one of the five requirements in Standard 8 non-compliant.

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)