**Performance**

**Report**

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| Name: | Enhance Supports and Services |
| Commission ID: | 201478 |
| Address: | Unit 1, 50-52 Noble Street, ALLAWAH, New South Wales, 2218 |
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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: 9950 Enhance Supports and Services Pty Ltd  
Service: 28177 Enhance Supports and Services

**This performance report**

This performance report for Enhance Supports and 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 approved provider’s response to the assessment team’s report received 25 December 2023 and 22 January 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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** |

# 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)(a)*

Ensure assessment and planning effectively identifies all risks to the consumer’s health and well-being to informthe delivery of safe and effective care and services, and, where risks are identified risk management strategies are developed and documented in the consumer’s plan of care.

*Requirement 2(3)(b)*

Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Ensure assessment and planning activity entails offering advanced care planning and end of life planning to consumers if they choose.

*Requirement 2(3)(d)*

Ensure the outcomes of assessment and planning are discussed with each consumer and they are offered a copy of their care plan that is up to date and accurately reflects the outcomes of all assessments completed.

*Requirement 3(3)(b)*

Ensure effective management of high impact or high prevalence risks associated with the care of each consumer by ensuring assessments are conducted in a timely manner, risks identified are documented and risk mitigation strategies documented in the care plan.

*Requirement 3(3)(e)*

Ensure information about the consumer’s condition, needs and preferences is documented to guide staff practices and communicated within the organisation, and with others where responsibility for care is shared.

*Requirement 8(3)(d)*

Ensure effective risk management systems and practices for managing high impact or high prevalence risks associated with the care of consumers.

Requirement 8(3)(e)

Ensure an effective clinical governance framework is in place to monitor the quality of clinical care and services provided to ensure safe and quality care is provided.

Ensure suitable policies and procedures are in place to guide clinical staff in providing safe, quality clinical care.

# 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 said they are treated with dignity and respect and their identity, culture and diversity is valued. Care workers interviewed described the ways they provided this individually to consumers. Management and office staff were observed to be respectful and passionate about consumer’s individualised needs at all times.

Consumers and representatives described what is important to them and how the service ensures this is delivered in a culturally safe way. Whilst some documentation in relation to culturally safe services are missing from care plans and scheduling information consumer care and services delivered to consumers is culturally safe.

Consumers and representatives interviewed said they felt supported to exercise their choice and independence. Care planning documentation included consumer choices. Care workers demonstrated knowledge and understanding of consumer choices and could describe how they support consumers to make informed choices about their care and services.

Consumers and representatives provided positive feedback in relation to how the service enables consumers to live their best life. Care workers described the support and assistance measures to ensure consumers are as safe as possible, while living their best life. Whilst not all risk mitigation strategies were found to be documented in the care plan, consumers said they felt care workers are competent in supporting their risks and care workers could talk to the risk management strategies they implement.

Information provided to each consumer is current, accurate and timely and is in a form that consumers can easily understand. Consumer statements are provided monthly and are easy to read and understand and consumers confirmed they are received on time.

Consumers said their privacy is respected and personal information is kept confidential. Care workers interviewed described the ways they provided this individually to consumers. Management and other office staff were observed to be respectful about consumer privacy at all times.

Having considered the information in the Assessment Team’s report 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. | 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. | 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. | Compliant |

Findings

Whilst consumers and representatives spoke of their satisfaction with the assessment and planning process and how they were supported and encouraged to be involved, the initial assessment and planning processes does not effectively identify all risks to the consumer’s health and well-being to informthe delivery of safe and effective care and services. Assessment Team found validated assessment tools are not used during the initial assessment and consumer's clinical needs and the associated risks to their health and wellbeing are not assessed until a clinical assessment is completed by a Registered Nurse (RN) at six months. This was demonstrated in the care provided to several consumers including a consumers whose skin integrity was not assessed on entry to the service although he spent most of his time in bed. The Assessment Team identified where risks were identified in some cases there were no risk management strategies documented. Care plans were not necessarily updated to reflect additional risks identified, and additional supports and services provided after the initial assessment was undertaken. This was demonstrated in the care of two consumers where risks to their health and well-being were not identified in the care plan with strategies to manage recorded to guide care worker practice.

The Approved Provider disagreed with the Assessment Teams findings stating that clinical assessments are conducted for consumers within ‘a few weeks of them entering into a service agreement’ however documentation provided did not support this. In their response, the approved provider provided two examples of where risks to the consumer’s health had been identified through the initial assessment period. For one consumer, the provider submitted the consumer’s comprehensive initial clinical health assessment and the falls risk assessment (FRAT) both of which were dated 15 May 2023. Both documents had been completed some six months after the consumer’s fall in December 2022. For another consumer, the documentation provided demonstrated the comprehensive initial clinical health assessment was completed 13 June 2023, some seven months after the consumer entered the service in November 2022.

In their response the provider stated they had begun updating care plans, starting with those that were outdated. The Approved Provider submitted two care plans in evidence that these had been updated however one appeared to still contain out dated information about wound dressing material being used. This statement is based on information provided by the approved provider showing a change of dressing material on 8 November 2023 which does not appear in the current care plan dated 14 November 2023. It was also noted that the updated care plan contained information that did not correlate with the most recent comprehensive initial clinical health assessment completed 13 June 2023 by the Registered Nurse regarding how the consumer should be positioned for assisting with meals. It was also noted that it was difficult to see when updates had been made to care plans, why changes had been made and when changes made applied from. A number of actions in care plans were dated with dates in the future. In their response the provider acknowledged that care plans could be clearer in identifying when updates have occurred and why.

The Assessment Team found there were no policies and procedures to guide staff practices on conducting the initial assessment, the clinical health assessment, nor on developing care plans. In their response, the approved provider agreed that the process for undertaking clinical assessments is not stated in their policies and agreed to amend this by 29 February 2024. The provider also stated that, from now on, the initial assessment of the consumer will be done by the RN.

The Assessment Team found that, whilst advanced care planning is discussed with consumers and/or representatives at the initial assessment and planning meeting and documented in care plans, care plans did not reflect the consumer’s current needs, goals and preferences. Consumer goals documented in care plans were generic in nature and not individualised. Care plans lacked sufficient detail to describe the care required by the consumer resulting in information to direct care provided to care workers not being accurate. In some instances, this lack of detail could place the consumer at significant risk.

The provider responded by stating that care workers are strongly encouraged to refer to the care plan however, since the quality audit, the provider stated that have met with their software team to discuss further benefits to the system to ensure care workers are notified of changes to the consumer’s care to ensure they have access to the most up to date information. The provider stated that, from now on, any risks identified and any additional supports recommended by allied health would now be incorporated into care plans. The provider also stated they have been updating care plans to ensure current needs, goals and preferences have been updated, goals are more specific, cultural requirements and days of service are recorded in the care plan. Furthermore, the provider stated that by end of March 2024 they will produce a care planning protocol which will outline how and when care plans will be updated.

Assessment and planning is performed in partnership with the consumer and those they wish to be involved in their care. Most consumers and representatives interviewed spoke of being involved in the assessment and planning and how the service encouraged and supported them to do so. Care documentation provided evidence of the involvement of other providers of care, including allied health involvement.

The Assessment Team found consumers and representatives were able to confirm that the outcomes of the initial assessment and planning were discussed with them but there was no evidence that consumers were offered a copy of their care plan. This requirement also expects that any care plan offered to the consumer is up to date and accurately reflects the outcomes of assessment and planning. As previously discussed, care plans were not up to date and did not include the outcomes of all assessment and planning activity, particularly allied health assessments. The approved provider responded by providing email communication with one consumer’s family demonstrating that the representative was fully informed of the plan of care. The provider provided two care plans which demonstrated that care plans are provided for the consumer to sign and stated they have recently implemented a tick box indicating if the consumer wishes a copy of their plan. Only one care plan had been signed by the consumer but both showed the consumer had been offered a copy. As previously discussed, as the provider is currently reviewing and updating all care plans and developing a care planning protocol to determine how and when care plans will be updated and in what format care plans will be shared with consumers this requirement is not yet complaint.

Although the care plan is not always updated 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. Reviews primarily occur on an informal basis and changes to care and services are mainly communicated verbally.

Having considered the information in the Assessment Team’s report and the response from the provider I find three 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. | Not 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. | Not 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

Consumer’s personal and clinical care is best practice, tailored to the consumer's needs and optimises their health and well-being. Clinical care and personal care is informed by allied health practitioner assessments and RN clinical assessments (for HCP Level 3 and 4 consumers) that identify the best practice services and supports required for that consumer.

Clinical care is always provided by RNs. Consumers and representatives interviewed said they were satisfied with their personal and clinical care services and supports. Whilst care plans do not always detail the personal care and clinical care supports consumers are receiving, interviews with consumers, representatives and care workers indicated they are best practice, tailored to consumers’ needs, and optimise consumers’ health and wellbeing.

The Assessment team found that whilst consumers did not raise any concerns about the management of high-impact or high- prevalence risks the management of these risks was not effective. There is no clinical oversight by a RN of consumers with such risks. Whilst care workers could speak to the high impact and high prevalence risks and the risk management strategies they used for the consumers they supported these were not always documented in the care plan. Where risks to consumers health and well-being were identified by staff, strategies to manage the risk were not included in the care plan. Not all risks to consumers health and well-being were known to management as not communicated by staff placing consumers at risk. Strategies to manage risks were not always developed, and if developed were not suitable or sufficient placing consumers at some risk.

The approved provider provided a response in which they stated RN’s have attended all intake and assessments using validated tools and that where a risk is identified an alert is placed on the consumer’s file and support staff assisting the consumer are made aware. The provider did not provide any further details. This is not what the Assessment Team found.

The service did not have any consumers currently nearing the end of life. The services policies and procedures do not include end of life care and staff have not been trained in this aspect of care however the management team advised training would be provided to care workers should consumers require this.

Consumer/ representative interviews and interviews with care workers demonstrated deterioration of consumer’s health and condition is recognised and responded to in a timely manner. Care workers could describe how they escalate changes in the consumer’s condition to management and this is responded to in a timely manner.

Consumer’s and representatives were satisfied that their condition, needs and preferences, or those of the person they were representing were communicated and acted on within the service. Whilst the service was able to demonstrate that information about consumer’s condition, needs and preferences is verbally communicated it was not adequately documented. As previously discussed care planning documentation did not reflect the care and services being provided by staff and the care plan is not always updated to reflect changes in a consumer’s condition, needs and preferences. The approved provider responded by providing excerpts from email communication between themselves, the consumer representative and the community nursing service providing wound care. Whilst appropriate, this is insufficient evidence to demonstrate this requirement is met. In terms of managing risk, it is noted that on 5 July 2023 an email was sent to the consumer representative recommending wound care be carried out a maximum of every 7 days, unless the dressing became wet, dislodged etc. The provider included in their response to the Assessment Team’s report a comprehensive initial health assessment completed by their RN on 13 June 2023. In this document the RN records the wound is discharging and has an unpleasant odour and that wound dressings may be needed more frequently than every 7 days. No further documentation demonstrating communication with the community nursing service or the consumer’s representative about the condition of the wound was provided to demonstrate how this risk to the consumer was managed.

Referrals for allied health supports are made in a timely manner. Consumers and representatives spoke of how they were satisfied with the referrals that the service had made for them and had benefitted from them.

Infection related risks are minimised and consumers were satisfied that care workers exercised infection prevention measures. The service has an ‘Antimicrobial Stewardship Policy for Home Care’.The service currently has no consumers for whom they are monitoring medications and they do not track the use of antibiotics by consumers.

Having considered the information in the Assessment Team’s report and the approved provider’s response I find two of the seven requirements in Standard 3 non-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

Each consumer receives safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, wellbeing, and quality of life. Consumers said they are provided with companionship, travel, and social outings. Care plans indicate social support services are provided and staff explained how they meet the preferences of consumers.

Services and supports for daily living provided promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and representatives gave positive feedback about how the service provides this and care plans included these consumer needs.

Consumers are assisted to participate in their community in a way that interests them and to have social and personal relationships. The goals for the consumer are established during their assessment including any social activities that are important to them. These preferences are documented in the consumer’s care plan.

Information about consumers is communicated within the organisation and with others who are responsible for the consumer’s care. The mobile app for care workers was observed by the Assessment Team to have information documented about the consumer’s background. Care plans were reviewed and indicated the condition, needs and preferences of consumers in meeting their support needs.

Timely and appropriate referrals to other organisations and providers of care and services occur. Feedback received from consumers described the effective and timely referral process. A review of care documentation evidenced timely and appropriate referrals are made in response to the support needs of the consumers.

Where equipment is provided, it is safe, suitable, clean, and well maintained. Assistive devices and mobility aids provided were assessed by either an occupational therapist or physiotherapist and deemed safe and suitable by the consumers.

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, representatives, and care workers are encouraged and supported to provide feedback and make complaints. Consumers and representatives advised they can contact the service at any time with their concerns. The service welcomes and encourages positive and negative feedback.

Consumers are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Consumers and representatives know how to access interpreter services if needed.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and their representatives provided positive feedback on their experience of the complaints management process and said they were satisfied with the resolution of the complaint. All complaints registered had appropriate actions documented and an open disclosure approach applied.

All feedback and complaints are followed up and then used to improve the quality of care and service. Consumers and representatives said the service seeks their feedback about the services that are delivered. Complaints informed the organisation’s continuous improvement plan.

The approved provider did not provide a response to the Assessment Teams report.

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 workforce is planned and the number and mix of staff enables the delivery of safe and quality care. The organisation uses an employment network to find suitable prospective staff and look at staff traits to ensure they match well with the consumer. When allied health support is required this is subcontracted by the organisation for the consumer.

All consumers stated that staff were kind and caring. Staff spoke of consumers respectfully and demonstrated how they respect the consumers culture, including speaking their language if required.

The workforce is competent and have the qualifications and/or knowledge to effectively perform their roles. All consumers interviewed expressed satisfaction that staff are competent and skilled to effectively perform their roles. Contracted staff are monitored to ensure they have the appropriate qualifications, skills and checks in place.

The Assessment Team found that whilst the workforce was competent and had the knowledge to perform their roles they was insufficient evidence to demonstrate they were able to deliver the outcomes required by the Quality Standards, specifically in relation to risk management of consumers. All staff were not able to demonstrate an understanding of consumer risk. One staff member was unaware that near misses needed to be reported. Staff stated that had not received elder abuse and SIRS training. Whilst staff education is conducted during induction and at meetings the service has no annual education calendar for staff, no annual mandatory education is in place, no competencies have been undertaken. The service could not demonstrate staff were trained, equipped and supported in understanding high impact high prevalence risks for consumers and the importance of reporting all incidents.

The approved provider, in their response stated that risk management, elder abuse and consumer rights is covered during staff induction. A review of the induction checklist provided by the provider demonstrates that individual staff must sign off having received information on arrange of topics which included incident reporting, risk identification/management and SIRS on induction. No evidence however was provided that the organisation tracks that each member of staff completes this declaration on induction. The provider stated they also discuss educational topics at staff meetings and provided email communication as evidence of a staff meeting held 28 November 2022 following which attachments on incident reporting, code of conduct and SIRS were sent to staff. Lastly, the provider enclosed a training record of training provided to all staff in 2023. This included training in open disclosure, incident reporting/management, infection control, hoisting and manual handling and meal prep. It was noted, however, that the training record did not include dates when each member of staff completed the various trainings, they were just marked as completed on the spreadsheet. This is clearly not adequate in terms of tracking when training was done by individual staff members and when refreshers are due. The provider noted this in their response and is implementing a different system in 2024 to better track training completed. The provider also stated they have taken on the feedback provided by the Assessment Team and provided a mandatory training calendar they will be implementing in 2024. The provider stated they will also update their Human Resource Policy to clearly identify mandatory skills training and core competencies required to deliver services. Having considered the provider’s response to address issues identified and that staff verified that education did occur at staff meetings and in response to need I am satisfied this requirement is met.

Systems are in place for assessing, monitoring and reviewing worker performance. Information regarding staff performance is obtained largely by consumer satisfaction and feedback. Staff informed the Assessment Team that their performance is reviewed on a regular basis. The service was able to demonstrate that worker performance issues are addressed by management in a timely manner. However, only two staff had completed an annual performance appraisal with management reporting this was due to the infancy of the organisation. Whilst the formal written review of staff members has not been attended on time, the service was able to demonstrate staff are regularly monitored and reviewed for their performance.

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. | 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. | Not Compliant |

Findings

Consumers were engaged in the development, delivery, and informal evaluation of care and services. Consumers confirmed the organisation communicates with them regularly and feedback and changes are made when required. A consumer advisory committee has been established and will meet for the first time in December 2023.

Whilst the organisation has systems in place for safe and quality services these need to develop and mature as the organisation matures. There is a lack of strategic direction and documentation including how the organisation will account for the provision of safe and quality services and greater use needs to be made of data to drive quality care provision. Management are very involved and communicate very regularly with staff around the provision of care to individual consumers whilst promoting a culture of safe, inclusive and quality care and services. All consumers interviewed said they felt the organisation promotes safe, inclusive, services and are very satisfied.

Governance systems are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Some require further development but current systems were seen to be effective. Management said as the organisation grows it will include additional roles and systems to strengthen the organisational governance. In terms of information management, care plans were not up to date, care plan reviews not conducted and outcomes of assessments not always documented in care plans. This issue is dealt with in Standard 8 Requirement 8(3)(d).

The organisation has systems in place for continuous improvement including a Continuous Improvement Plan which were effective. Feedback and complaints are used to improve services. Financial governance is managed with the assistance of an accountant to monitor expenditure. The organisation monitors consumer budgets and the unspent funds of consumers whilst regularly communicating with consumers to utilise these funds. Workforce governance is managed with the assistance of a human resources expert to recruit and retain suitable staff. Regulatory compliance is monitored and the service is aware of their responsibilities in this area.

Overall, the Assessment Team found the organisation was not able to demonstrate the effective management of risks associated with the care of consumers. Gaps were identified relating to consumer risks and the development of mitigation strategies for consumers to maintain their safety. There were also identified gaps in care worker knowledge of incident reporting including near misses. Care workers are not always reporting issues to management that would require additional assessment and planning to minimise risk to consumers. Clinical risks are not being captured on initial assessment.

In their response the Approved Provider stated they have a risk management policy and provided a Client Risk Assessment Template which they stated allows a risk to be described, a risk rating allocated and management strategies identified. Having reviewed this form, it had not been personalised to the service and the service did not provide evidence of its use. The provider stated that they have engaged a consultant to provide training on risk identification and management including the use of dynamic risk assessments. In view of the findings by the Assessment team with regard to the management of risk for consumers and the lack of evidence provided by the organisation of robust systems for managing risk I am not convinced risk is being managed effectively.

Whilst there have been no reports of abuse and neglect staff were very familiar with the need to report any concerns of this nature. The organisation is effectively supporting consumers to live the best life they can. Consumers are provided with effective care and social supports of their choice congruent with their needs and preferences and they reported satisfaction with care delivered. The organisation uses an incident management system and care workers can log incidents via their app which is flagged to management for investigation and follow up, however one care worker was identified as not understanding near misses need to be reported which impacted the follow-up provided to the consumer involved.

The Assessment Team found that the organisation could not demonstrate that a clinical governance framework is in place. Whilst the organisation has an AMS policy in place and an open disclosure approach is followed clinical risk, needs and goals are not assessed in a timely manner on the consumer’s entry to the service. Neither could the organisation demonstrate clinical oversight of high impact high prevalence risk of consumers. Care plans do not include all clinical risks identified and outcomes of clinical assessment are not populated into care plans with appropriate risk mitigation strategies to guide care workers. There were no clinical evidence-based policies and procedures for to guide staff regarding clinical assessment, planning or review. Whilst the organisation casually employs two RNs who currently undertake clinical assessment only and do not perform clinical care currently this does not negate the need for an effective clinical governance framework. I note that the provider documented in a governance meeting 2 August 2023 that a clinical governance framework will be developed ‘as gaps are identified’. Furthermore, in their response to the Assessment Team’s report, the provider stated that their current Quality Management system does not support them to effectively demonstrate they are providing high quality, person centred care. Whilst the Assessment Team recommended this requirement was met I am not convinced. The service is unable to demonstrate how they are monitoring the quality of clinical care and services provided to consumers through an effective clinical governance framework.

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 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)