**Performance**

**Report**

**1800 951 822**

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| Name of service: | Enrich Living Services - Metro |
| Service address: | 30 Delhi Street WEST PERTH WA 6005 |
| Commission ID: | 500008 |
| Home Service Provider: | MyHomeCare Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 20 November 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Enrich Living Services - Metro (**the service**) has been prepared by J. Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* HomeCare Options (CACP Packages), 19149, 30 Delhi Street, WEST PERTH WA 6005
* HomeCare Options - CALD EACH Packages, 19151, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd EACH, 19256, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd East Metro, 19258, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd North Metro, 19259, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd South East Metro, 19260, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd South West Metro, 19261, 30 Delhi Street, WEST PERTH WA 6005
* St Ives Care Pty Ltd South West Region, 19262, 30 Delhi Street, WEST PERTH WA 6005

**CHSP:**

* Care Relationships and Carer Support, 25204, 30 Delhi Street, WEST PERTH WA 6005
* Community and Home Support, 25205, 30 Delhi Street, WEST PERTH WA 6005

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 22 August 2023.

# Assessment summary for Home Care Packages (HCP) and Short-term Restorative Care Programme (STRC)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers interviewed were all satisfied they are treated with respect and valued as individuals. Support workers interviewed were able to provide examples of demonstrating awareness of what was important to consumers and how dignity and respect was upheld.

Management described the various methods the service has available that assist them to support consumers' cultural needs. Care planning documentation reviewed described consumers specific cultural needs and what’s important to the consumer. The service has policy and processes for staff that provide guidelines around diversity and cultural inclusion.

Consumers and representatives were satisfied with choices and preferences available for care and services. Consumers are also asked who they would like involved as part of any decisions made about their care and services. Consent forms are signed and recorded in electronic care documentation system demonstrating choice for consumers. Assessment and care planning processes and documentation reviewed by the Assessment Team includes discussing and identifying relationships that are important to the consumer and facilitating ways the consumer can maintain these relationships.

Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Support workers interviewed demonstrated awareness of dignity of risk through ensuring consumers had choice and adequate support to complete activities of daily living respecting consumer’s decisions and assisting to support consumer risks. Documentation reviewed demonstrated that the service has consumer choice and decision-making policy and procedures which encourages consumers to exercise choice regarding their lives.

Consumers and representatives said they were happy with the information provided to them and said they felt comfortable to call the service if they need assistance to understand the information provided. A review of documentation evidenced that the home care agreement contains clear information about how HCP funds are accrued and used, and about the fees for services and management of packages. Monthly statements reviewed by the Assessment Team were easy to understand and contained all relevant information to enable consumers to exercise choice in relation to their care and services.

Consumers interviewed said they have no concerns that their privacy and confidentiality is maintained by the service. Consumers and representatives of consumers who receive personal care services said staff consider consumers privacy and ensure they are comfortable. Staff demonstrated how they provide privacy and confidentiality as part of delivering services. The service has privacy and confidentiality policies and procedures to ensure consumer information is kept confidential and secure.

Based on the information summarised above, I find the provider, in relation to the service compliant with Standard 1 at the time of the performance report decision.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP/STRC | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Staff interviewed demonstrated an awareness of consideration to the risks for consumers (i.e falls) and stated alerts are provided on the electronic system for staff to access prior to entering the consumers’ homes. Care staff interviewed advised that home care package consumers are offered a comprehensive clinical assessment that includes the use of validated assessment tools such as Falls Risk Assessment Tool (FRAT), skin integrity assessment and pressure risk assessment.

The Assessment Team reviewed consumer care plan documentation that outlined how the services assessment and planning processes informed strategies staff may need to utilise to reduce risks and enable safe and effective care and services to be delivered.

All consumers and representatives interviewed advised that the care and services available to consumers is discussed with them prior to the commencement of their service including, advance care directives. Consumers stated staff regularly discuss the care provided to them to ensure it remains in line with their specific preferences. Support workers interviewed demonstrated how the individual consumer’s routine, needs and preferences are provided in their care plans. Care staff interviewed stated consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directives and that they discuss the consumers goals and needs with them and that information is recorded in the assessment documentation of consumers. The Assessment team reviewed consumer care plans which evidenced the need, goals and preferences of consumers and their advanced care directives.

Consumers and representatives interviewed reported they have had an opportunity to meet with care manager to discuss consumers specific needs and preferences. Staff interviewed confirmed that while care plans are available in the consumers home and available to staff on their mobile phones to guide the care being provided, there is also ongoing discussions with the consumer to determine their specific preferences to be considered at the time of each service being delivered. Consumer progress notes showed ongoing feedback is provided to the care managers when a consumer accesses external services on a regular basis such as podiatry and physiotherapy services. The Assessment Team sighted the services referral policy that outlined how it guided staff in the forwarding of timely and appropriate information about an individual, with their consent, to an external service provider.

Consumers stated prior to the commencement of the services, they are provided with a copy of their care plan which is discussed with the care manager confirming the provision of services in line with their identified preferences. Support workers interviewed stated they have access to the consumers care plan through the electronic system available on their phone or a hard copy in the file in the consumers’ home. The Assessment Team reviewed care documentation evidencing that each care plan includes the type of service to be provided, the frequency and duration of the service and strategies to assist in the care and services being provided for the consumer.

Consumers and representatives interviewed reported services are regularly reviewed by the service. The support workers interviewed stated when they identify a change to a consumer’s condition, they report to the care managers and record the information in an email they send as soon as practicable. Staff said information is provided by phone if there have been changes made to a consumers care and services. The care managers stated, and progress notes and incident reports reviewed confirmed, family members were contacted at the time consumer incidents occurred. Medical officers and allied health staff are informed of all clinical incidents for action and follow up as required. The service has policy and procedures to guide staff in the timeframes for the regular or ad hoc review of consumer care including changes to the consumers goals, preferences, or health needs.

Based on the information summarised above, I find the provider, in relation to the service compliant with Standard 2 at the time of the performance report decision.

# Standard 3

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

Findings

Consumers interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being. A registered nurse is available to assess the clinical and personal care needs of all consumers on admission to the service and will consult with the consumers, their representatives and non-clinical care manager and refer to allied health staff seeking recommendations for the provision of best practice strategies as issues are identified. Staff interviewed were able to describe what clinical and personal care they provide to the consumers. Policies and procedures are available to staff who confirmed the optimisation of consumers health and well-being is the focus of the services provided ensuring care is tailored to the needs and preferences of each consumer.

The service responds to high-impact or high-prevalence risks by reporting each incident and completing an analysis. Each incident that occurs is recorded and a review is undertaken, initially by the care manager, to ensure what occurred is understood, the action needed, and any strategies and interventions that can be implemented to avoid a reoccurrence. Reassessment of consumers’ needs is undertaken as issues are identified. Staff described how they monitor risks for consumers and demonstrate the strategies used for support the care of each consumer. Documentation reviewed shows that risks such as falls, weight loss, behaviours, wounds, and pressure injuries are all recorded in assessments, progress notes and referrals. Management advised all incidents or dignity of risk issues specific to the needs of a consumer are discussed at the weekly regional meeting where a clinical representative is present.

Consumers confirmed that, as part of the initial care planning discussion, advance care planning and end of life planning are discussed. The care manager (clinical) and a registered nurse advised if a consumer is in the palliative care phase of their illness, they are able to provide a comprehensive service or will work with external agencies specialising in the provision of care to the terminally ill in their own home. The service has policies and procedures in place regarding palliative care and guiding staff in support consumers through this process. The service was able to demonstrate that it works closely with external agencies to ensure best practice care is provided to these consumers.

Support workers interviewed stated if they identified a change in the consumers condition, they would contact the relevant care manager immediately via email, would record in the progress notes, and if appropriate, seek to provide that information to the next of kin. Support workers stated care plans detail issues that staff may need to be aware of so they can respond in a timely manner. A review of documentation noted that incidents where a consumers mental or physical function or condition are noted to have deteriorated are recognised and responded to in a timely manner.

Staff and management advised that personal protective equipment is available to all staff, training has been completed in COVID-19 prevention and staff are supported by policy and procedures. Additional training, sessions and individual education has been provided for all staff including the donning and doffing of personal protective equipment. The service has in place effective practices to promote appropriate antibiotic prescribing, including assisting consumers with the administration of medication, consulting with the consumers medical practitioner and providing them with information regarding the safe use of medication and information about antibiotic use.

Based on the information summarised above, I find the provider, in relation to the service compliant with Standard 3 at the time of the performance report decision.

# Standard 4

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| Services and supports for daily living | | HCP/STRC | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives interviewed said that the service listens to them and provides consumers with the services and supports they need, in a way that helps them to continue to do things independently. Staff were able to give examples of services they provide to consumers, whether it be taking them out to activities they enjoy, domestic tasks being completed or spending time with them and that they discuss and record consumers interests with them to ensure they can maintain their independence. Care planning documentation reviewed by the Assessment Team identified examples of services that support consumers to maintain their independence and quality of life in line with their goals.

Staff interviewed stated that they report any concerns about the emotional well-being of consumers they observe while delivering services and the service has systems in place to offer those consumers support. A review of care documentation showed that the comprehensive assessment form contains questions designed to help the service identify the consumer’s unique emotional, spiritual, and psychological needs and that the information is used to plan services and supports that promote each consumer’s wellbeing.

Consumers and representatives interviewed talked about how the service supports them in their personal relationships, including by providing respite for their carer. Staff could describe what is important to consumers regarding their lifestyle and social activities. Care documents reviewed showed information on interests, preferences to be involved in the community and how this can be supported is recorded.

Consumers and representatives interviewed said that they are comfortable to talk to staff if they want any changes to their services. Staff said if they become aware of changes in a consumer’s condition or changes to their needs and preferences through such as review assessments, phone calls from consumers and representatives, information from support workers, information from other providers such as allied health professionals, or written communications from general practitioner’s (GP’s) they inform the care manager to ensure that changes are documented correctly, and others involved in the delivery of care and services are aware of the change.

The service was able to demonstrate that timely referrals are made to other organisationsThe care manager advised consumers and representatives accessing services under CHSP funding are encouraged to contact My Aged Care should they wish to be referred for additional services or they can assist them to do this. Review of service documentation showed there is a policy and procedure to guide staff in making and supporting each consumer with referrals and how the information is to be recorded.

Consumers and representatives said that they are satisfied with the equipment they use, it is suitable for their needs and is recommended by allied health professionals. Staff said they have access to equipment to support consumers such as wheelchairs and equipment for use in the home as required. Documentation showed that any equipment for consumers is listed, and equipment condition checklists are completed regularly.

Based on the information summarised above, I find the provider, in relation to the service compliant with Standard 4 at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | HCP/STRC | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This Standard was not applicable to the quality audit as the provider does not provide a physical service environment.

# Standard 6

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

Findings

Consumers and representatives interviewed said they felt comfortable to provide feedback and make complaints. Staff interviewed described the ways in which they support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers. Management described how they seek feedback and complaints through survey, emails, text message, newsletters and by speaking directly to consumers on the phone.

The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Management advised that the service has access to translator and interpreting services (TIS) are available. The service demonstrated information is provided in the consumers agreement and welcome pack about OPAN and senior rights advocacy services for consideration of the consumer.

Consumers and representatives interviewed who said they had made complaints or given feedback on the service were satisfied with the actions taken. Staff were able to demonstrate an open disclosure approach to resolving complaints and incidents. A review of complaints register showed that when a complaint is made, full details are recorded, all actions taken are recorded, and any follow up required is noted and monitored by the service.

The service demonstrated it is using feedback and complaints to identify improvements to increase consumer satisfaction of care and service. Management were able to give examples of how they use complaints to improve service delivery for consumers on an ongoing basis. The service maintains a central register for external complaints where complaints data are reviewed monthly to inform service continuous improvement. The service’s continuous improvement plan showed improvements are being added following feedback, complaints and where there have been incidents.

Based on the information summarised above, I find the provider in relation to the service compliant with Standard 6 at the time of the performance report decision.

# Standard 7

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

Findings

Consumers and representatives interviewed said they were happy with the staff who provided services to them and confirmed there has been some improvements in the past months around scheduling of services. Management described how the service has been proactive in managing challenges in the past 6 months around cancellation/scheduling times of service delivery and communications with consumers. The service was able to evidence that it is actively managing those challenges and has recruited more scheduling staff and domestic support workers to ensure care and services to consumers are delivered.

Consumers and representatives interviewed said staff engage with them respectfully while delivering care and services and were always kind and caring. All staff interviewed were observed to talk in a caring way about consumers and through conversation were able to show they understood the consumer, their identity, culture, and diversity. Management described the service’s Values and Mission to provide quality care services and treat consumers with utmost dignity and respect. They advised that staff are recruited in line with the organisation’s values.

Consumers and representatives interviewed confirmed staff involved in their care to be competent with skills and knowledge to effectively perform their roles. Staff interviewed said they receive yearly mandatory training from the service. Buddy shifts with an experienced staff are used to assess competency before they are allocated additional service responsibilities The service maintains position descriptions for each role, keeps records of any required qualifications and competencies. Staff records, and status were documented and are monitored on an electronic alert management system that included details such as qualifications, competencies, police checks, vaccination status and mandatory training records.

Support workers interviewed confirmed they had completed mandatory training at induction. Staff said they were supported to complete additional online training modules. Management described the organisational recruitment and onboarding processes including all staff must complete mandatory training requirements relevant to the role. A review of documentation evidenced indicates that policies, procedures, and training were regularly revised to ensure that training covers all requirements and reflects current best practice.

Consumers and representatives interviewed talked about how satisfied they are with the performance of support workers, and how comfortable they are to give feedback and raise issues about staff performance. Support workers advised they are provided regular feedback on their performance by their team leader and were able to seek help if required. Annual performance reviews are in place for all staff, and complaints and incidents are reviewed to determine whether individual workers or groups of workers could benefit from additional training and support.

Based on the information summarised above, I find the provider in relation to the service compliant with Standard 7 at the time of the performance report decision.

# Standard 8

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

Findings

Consumers and representatives interviewed provided examples of improvements to care and services implemented by the service and that they have an opportunity to regularly engage with the service through communication with their care managers and with feedback about the services they receive. The service demonstrated that they use feedback gathered from consumers through formal and informal systems to inform improvements to the delivery of care and services. Management demonstrated various methods of engaging consumers in the development, delivery, and evaluation of care services through email, phone, relationship partner model and are also establishing a consumer advisory body to provide an additional avenue for consumer feedback.

Staff interviewed spoke of the supportive work culture and how the service provides support through training, understanding care plans and support, policies and procedures to ensure safe delivery of quality services. Management discussed the governance structure, reporting processes, continuous improvement processes implemented to ensure they are accountable for the delivery of safe, inclusive, and quality care and services. Management described how vulnerable clients at risk are identified and added to the risk register. This is regularly discussed at care management meetings, and where necessary, escalated to risk meetings for collaboration on management strategies. Management demonstrated through documented evidence how information is collated and presented to the Board and subcommittees to provide oversight and monitoring of the safe delivery of care and services. Information in the reports showed the Board and subcommittees are being informed where risks are identified through incidents reported, finance reports and meeting funding agreements. The Assessment Team reviewed policies and procedures that provide a framework emphasising consumer safety and best practice approaches. Systems are in place to ensure that all consumers, staff, management, and board members understand that everyone is encouraged to give input into how the quality of care and services can be improved.

The service was able to demonstrate that it has effective governance systems in place.The organisation has an established records management framework in accordance with Privacy Act including client privacy and confidentiality policies and procedures related to collecting, sharing, and storing information. All consumer information is stored securely, in line with legislative requirements.

The service has a continuous improvement plan which on review has been developed and is based on incidents, partnership with, and ongoing feedback from consumers and representatives, staff, management, and other stakeholders with improvements driven by the leadership team.

Management described how the executive reviewed and implemented changes to ensure compliance with recent changes to the aged care legislation in relation to pricing requirements. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

The service demonstrated that processes and policies are in place to ensure they are updated about regulatory changes which are communicated to staff and consumers as needed and are monitored by the quality and risk team. Complaints, feedback, and compliments are captured in the complaints register and are used to inform trends and analysis discussed in regular care management meetings. The organisation has policies, procedures, and systems in place to ensure to encourage and record consumer feedback and to use that information to improve the quality of care and services for consumers and across the organisation.

The service was able to evidence that it maintains a risk register which identifies potential risks to the consumer, workforce, and organisation. This is reviewed at several organisational levels to ensure mitigating strategies are in place or progressed.

Staff demonstrated they have completed training on what elder abuse and neglect can look like in the community and that they would report it to the service immediately. Management advised staff are provided with online training modules on elder abuse and Serious incident Response Scheme (SIRS) along with Code of Conduct training. Documentation reviewed noted elder abuse training is incorporated into orientation for all staff.

Management demonstrated knowledge and understanding of individual consumers’ risks and vulnerabilities by working through the consumers choice that may have some risk and working through appropriate mitigation strategies.

The service was able to evidence that it had an effective incident management system in plance. Staff interviewed said they report any incidents whether observed or occurred prior to them attending to the consumer, or if deterioration of a consumer is observed. Staff advised they have been provided training on what to do when reporting an incident. Review of incidents showed there is timely reporting, investigation and actions are taken to prevent or reduce the likelihood of the incident recurring for each consumer. Clinical incident reports are reviewed monthly to identify any trends and analysed by the care and clinical governance committee to consider what actions the organisation can take to minimise risks.

The service was able to evidence it has policies, procedures, and training in place relevant to anti-microbial stewardship. Staff are provided with training on antimicrobial stewardship. Management advised of having ongoing conversations with consumers on appropriate use of antibiotics. The service also evidenced policy and procedures in place for infection control including how an outbreak will be managed. The service has a COVID-19 management plan that includes guidelines for staff and the escalation process should a staff member of consumer become positive to COVID-19.

The service evidenced a restrictive practices policy in place whereby the organisation outlines promoting a restraint-free environment enabling consumers to live with dignity. Staff undergo training on how to identify what restrictive practices would look like in a home care setting during induction and through refresher training.

The service evidenced an open disclosure policy and staff were able to describe what this means when something goes wrong and in their approach to resolving complaints. Management demonstrated how they apply an open disclosure process in the resolution of complaints and incidents and this information is discussed with the staff during orientation and at the regular training sessions throughout the year.

Based on the information summarised above, I find the provider in relation to the service compliant with Standard 8 at the time of the performance report decision.

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)