**Performance**

**Report**

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| Name: | Esperance Home Care |
| Commission ID: | 500028 |
| Address: | 19 Black Street, Windich Street, ESPERANCE, Western Australia, 6450 |
| Activity type: | Quality Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 13 June 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: 993 Shire of Esperance  
Service: 19142 Esperance Home Care - EACH  
Service: 19143 Esperance Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8408 SHIRE OF ESPERANCE  
Service: 25175 SHIRE OF ESPERANCE - Care Relationships and Carer Support  
Service: 27132 SHIRE OF ESPERANCE - Community and Home Support

**This performance report**

This performance report for Esperance Home Care (**the service**) has been prepared by K. Jarvie, 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; and,
* the provider’s response to the Assessment Team’s report received 16 May 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 | **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 | **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 | **Compliant** |
| **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 | 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Consumers confirmed staff treat them with respect and are provided dignified care and services. Consumers expressed satisfaction with the kindness and approachability of staff who always went the extra mile to make them feel well looked after. Staff spoke respectfully about consumers and described how consumers care and services are delivered with dignity and respect. Management stated, and training records confirm, that staff are trained and educated on dignity, respect, identity, culture, and diversity.

Consumers and representatives advised staff have a good understanding of consumers cultural preferences and ensure care and services delivered are culturally appropriate. Staff described how referring to consumer care plans and ongoing conversations with consumers and their representatives allow them to provide culturally appropriate care. Management advised consumer cultural background is gathered upon intake and recorded and stored electronically. However, management acknowledged inconsistencies with information recorded on care planning documentation available at point of care delivery. Subsequent update of care planning documentation confirms an area to record consumers spiritual and cultural needs and preferences to guide care delivery have been actioned.

Consumers and representatives said that staff always consult with them and support consumers to make decisions. Staff demonstrated an understanding of the importance of respecting and consulting with consumers and their representatives in decision making. Staff provided examples of how consumers are consulted and their decisions on care delivery supported and respected. Care documentation reviewed include consumer choices and decisions about care and services and how best to support their choices and decisions on care delivery.

Consumers and representatives were confirmed to have been consulted on risk mitigating strategies enacted to support consumer dignity of risk choices. Staff described how they support consumers to take risks and to do things of importance to them by ongoing consultative discussions held with consumers and representatives. The service has policies, procedures and forms that address dignity of risk.

Consumers and representatives advised they receive information that is timely, clear, and accurate and confirmed clarification of information received is easily sought and provided. Staff and management interviewed, described using online platforms, phone calls, physical mail, and emails to communicate information to consumers and representatives. Information provided to consumers was observed to include clear and timely updates on pricing changes.

Consumers and representatives were satisfied consumer privacy is respected, their personal information kept safe, and their consent sought prior to any information sharing. Staff demonstrated an understanding of respecting consumer privacy and confidentiality and provided practical ways this is maintained. Management advised, and observations confirm, all consumer’s information is securely stored on the service’s electronic care management system and accessibility is role specific. All physical consumer information was observed to be stored in locked cabinets. Documentation reviewed show policies and procedures related to privacy and security of information are in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives confirmed initial assessments completed included discussions on specific consumer care needs and considered consumers health and well-being. Staff and documentation reviewed, confirm validated assessment tools such as, home risk, falls risk, skin integrity and psychogeriatric scale assessments are used to assess consumer needs and risks to inform the delivery of safe and effective care and services.

Consumers and representatives advised assessment and care planning discussions identified consumers’ current needs, goals, and preferences. Coordination staff interviewed, and documentation reviewed, confirm consumers’ specific needs, goals and preferences are discussed, recorded, and reviewed. Advanced care directives are asked for and recorded in consumer files and end of life planning information discussed and provided as required. In addition, the service has advised a continuous improvement action of ensuring advanced care directive information and discussion is consistently recorded in the electronic care management system has since been actioned.

Consumers and representatives confirmed they are consulted and supported to make decisions about consumers’ care and service needs and preferences. Staff and management interviewed, and documentation reviewed, demonstrated how information received from consumers, and others they wish to be involved (such as external parties) is considered in assessment and care planning processes.

Consumers and representatives said they are familiar with the outcomes of consumers’ assessment and planning discussions which are consistently documented in care plans provided to them. Staff said they have access to electronic care plans which contain sufficient information to provide services in-line with consumers’ needs and preferences. Documentation reviewed confirm consumer care plans are updated and provided to consumers following assessment and care planning discussions.

Consumers and representatives confirmed consumers’ care and services are regularly reviewed and as required, including when needs and conditions change. Staff described, and documentation reviewed confirm, how consumer care and services are formally reviewed annually. In addition, reviews are also conducted when changes occur due to an adverse event or a change in the consumer’s health condition or personal preference. The service has policies and procedures to guide staff in the timeframes for the regular or ad hoc review of consumers care and services in line with their level of care.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

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| Personal care and clinical care | | HCP | 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for the service.

Consumers and representatives reported satisfaction with the personal and clinical care consumers receive. Staff described providing competent and personalised personal care to consumers. Documentation reviewed confirm tailored care plans for personal and clinical care are developed using best practice validated assessment tools. A restrictive practice policy and procedure is in place to guide staff practice; however, staff and management confirm no restrictive practices are currently applied to consumers.

Staff interviewed demonstrated an understanding of the needs of consumers who are impacted by high-prevalence or high-impact risks. This included consumers who are a high falls risk requiring ongoing monitoring and reminding to use mobility aids. Management advised high-prevalence or high-impact risks are identified via validated clinical assessments and mitigation strategies are documented in consumer care plans and electronic care alerts. A risk management system is in place to record and monitor high-prevalence or high-impact consumer risks.

Staff and management advised discussions with consumers and representatives are used to identify the needs, goals and preferences of consumers nearing the end-of-life. Staff described liaising with external agencies, such as the hospital palliative care team, to ensure services are adjusted to maximise consumer comfort and dignity. The service has end-of-life care policies and procedures and provides staff training on how to provide best practice end-of-life care.

Consumers and representatives advised staff knew consumers’ well and expressed satisfaction with the timely reporting of changes to consumers’ overall health and wellbeing. Staff described how consumer deterioration is reported, escalated for appropriate follow up and recorded in progress notes and/or incident reports. The service has policies and procedures related to clinical deterioration. Guidelines in place were observed to facilitate the early recognition of deterioration and follow up assessments required to ensure appropriate response to the clinical deterioration of consumers.

Consumers and representatives were satisfied that consumers’ needs, preferences, and choices are communicated effectively between relevant staff and volunteers. Staff confirmed they have access to sufficient consumer information to deliver safe and effective services. Staff advised they record changes in consumer’s condition, needs and preferences in progress notes that are shared with others involved in the management and provision of consumer care. Documentation reviewed show regularly communication on changing consumer needs and preferences occurs via emails and regular staff meetings.

Consumers and representatives expressed satisfaction with referral processes and confirmed consumers are assisted to assess external services, such as occupational therapy, as required. Staff and management interviewed, and documentation reviewed confirm, referrals are made to a variety of different health specialists, such as allied health and nursing. The referral policy and procedure in place guides staff referral practice.

Staff confirmed they have completed infection control training and were able to demonstrate their knowledge of transmission and standard-based precaution procedures, such as donning and doffing of personal protective equipment. Management confirmed they do not prescribe antibiotics, however, advised antibiotic stewardship is embedded in the clinical governance framework and antibiotic awareness information is provided to consumers and representatives. The service has documented policies and procedures to support the minimisation of infection related risks (including COVID-19) and antibiotic stewardship.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for HCP and CHSP.

Consumers and representatives expressed satisfaction with the range of daily living services provided that optimised consumers’ independence and well-being. Staff described providing services and supports based on individualised consumer needs and preferences. Management advised, and documentation reviewed show, consumers’ services and supports are tailored to their individual interests, needs and preferences with a focus on maintaining independence and quality of life.

Consumers advised social support services provided contributes to their overall emotional and psychological wellbeing. Documentation reviewed show staff report any concerns about the emotional well-being of consumers and appropriate follow up action is taken. Strategies to support identified consumers’ emotional, spiritual, and psychological needs are documented in consumer care plans.

Consumers and representatives said social support group activities consumers attend provides them with opportunities to meet socially and go out into the community and feel engaged. Staff and management described transport activities in place that assisted consumers to participate in their community and do things of interest to them. Documentation reviewed, show important consumer relationships and interests are documented in care plans.

Consumers advised staff know their needs and preferences. Staff and management interviewed, confirm staff receive consumer updates through an application on their mobile phone, email, or phone calls. Care planning documentation reviewed confirm changes in consumer condition, needs and preferences are documented and shared with internal and external staff as required.

Consumers and representatives expressed satisfaction with the timely support received to connect consumers with other lifestyle services as required. Management described, and care planning documentation reviewed confirm, collaboration with other individuals, organisations, or providers to support the diverse needs of consumers including meal delivery, gardening, and maintenance providers.

Consumers reported satisfaction with the suitability, quality and quantity of food provided. Staff interviewed had knowledge of consumers’ individual meal requirements and preferences. Care planning documentation reviewed confirm consumer food allergies and likes and dislikes are documented. Management advised, and documentation reviewed show, that the service has a food safety plan in place. Yearly unannounced external food safety audits and twice-yearly internal food safety audits were observed as an ongoing compliance practice.

Consumers and representatives advised they were satisfied with the suitability of equipment purchased through consumers’ funding. Consumers confirmed equipment needs are assessed by allied health professionals prior to purchase. Staff advised damaged consumer equipment is removed and reported as a hazard to be repaired or replaced as required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for the service.

Consumers advised, and were observed, to feel welcome and enjoy attending the day centre service environment. Staff were observed to interact with consumers in a friendly and welcoming manner. Management advised consumers are regularly asked for feedback about their experiences at the day centre and are consulted on what activities they would like to do. Observations of the service environment show there are large directional signage in place to optimise ease of navigation within the service environment.

Consumers expressed satisfaction with the safety, cleanliness, and ease of free movement inside and outside of the service environment. Staff and management interviewed, described processes in place, such as building maintenance audits conducted and daily deep cleans, to ensure the service environment remains safe, clean, and well maintained for consumer use. Indoor and outdoor areas of the service environment were observed to be clean, safe, and well-maintained. Consumers were observed to move freely around all areas of the service environment.

Consumers confirmed all furniture, fittings and equipment used is safe, clean, well maintained, and suitable for their needs. Staff described processes, such as daily cleaning of high touch point areas and the removal and tagging of unsafe equipment. Management confirmed staff are trained to red tag unsafe equipment and complete maintenance request forms. In addition, information, and evidence under Requirement (3)(g) of Standard 4 show annual service maintenance agreements for service transport vehicles are in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

Consumers and representatives confirmed they have been provided with information and ways to provide feedback and felt comfortable doing so. Staff advised, with consumer consent, they assist to lodge consumer complaints via their mobile phone application. Documentation reviewed confirm consumers are provided various ways to provide feedback, such as a paper-based complaints form available in consumer home folders.

Staff advised if a consumer is not satisfied with their complaint outcome or solution provided by the service, consumers are assisted to access advocates, language services and other external organisations. Documentation reviewed show consumer handbooks and service agreements include information on how to access advocacy services, language services and external complaint pathways are available.

Consumers and representatives expressed satisfaction with the timely and appropriate action to complaints and feedback made. Staff and management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer feedback and complaints.

Consumers confirmed the service reviews their feedback and puts in place actions to improve the quality of their care and services. Documentation reviewed showed continuous improvements to the quality of services, such as financial invoice formatting, are based on reviews of consumer feedback and complaints data.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives advised consumers receive regular services from a rotating team of known support staff. Management described strategies used to recruit and retain staff, including offering training incentives to transition roles. Management advised most senior staff members are multiskilled and are used to cover unplanned leave unfilled shifts. The service was observed to prioritise staffing levels and service delivery for vulnerable consumers.

Consumers and representatives described staff as kind, caring and respectful. Staff and management were observed to interact with consumers in a kind, caring and respectful manner. Management advised the suitability of new candidates to provide caring and respectful services is monitored and assessed from consumer and senior staff feedback.

Consumers interviewed did not identify or raise any concerns regarding staff competency. Staff and management interviewed, confirm completion of staff competency assessments prior to staff being scheduled to work independently. Documentation reviewed show required skillsets and qualifications are clearly detailed in job descriptions. Information on staff and contractor certification, licence and insurance expiry dates are tracked and monitored in the electronic care management system.

Staff advised they were satisfied with induction and ongoing training provided, including additional training requested for self-development. Management stated that staff training is provided in stages and include the use of external training contractors, such as a local diabetes educator and Ostomy Australia. Completed staff training modules were observed to be recorded in the service’s electronic care management system.

Staff and management interviewed, confirm annual performance reviews are completed to assess performance and identify additional training needs. Completed staff annual performance reviews sighted contained individualised comments on performance, assessment on current skills, job knowledge and review of goals and achievements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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| Organisational governance | | HCP | 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives advised they felt comfortable making suggestions about how the delivery of consumers’ care and services could be improved. Documentation reviewed show improvements to consumer engagement activities and day centre renovation ideas were gathered from consumer surveys and verbal consumer discussions with staff.

Consumers and representatives interviewed expressed satisfaction with the way the service is run. Staff advised they work in a supportive environment that mandates safe practice service delivery. Management described, and documentation reviewed confirm, monthly reports on organisation wide workforce planning, financial reports, continuous improvements, incident data and audit outcomes of funding streams are provided to the governing body. A continuous improvement action to ensure relevant decisions decided by the governing body that impact consumers and staff was confirmed by the service to be communicated appropriately moving forward in response to the quality audit findings.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear, and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.

Continuous improvement

* The service has continuous improvement processes in place, which are sought from review of feedback from consumers and staff. Review of the continuous improvement register clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and outcomes.
  + Information, and evidence, under Requirement (3)(d) of this Standard identified a deficit in the absence of trended and analysed incident data used to inform continuous improvement actions. The service has since provided explanation this deficit will be rectified by the reinstatement of quarterly clinical governance meetings to commence 20 June 2024. I find implementation of this improvement action will further strengthen current continuous improvement processes in place.

Financial governance

* Information, and evidence, under Requirement (3)(b) of this Standard shows the organisation oversees financial governance through monthly financial reports to the governing body.
* HCP funds are recorded and tracked by coordination staff and discussions are held with consumers to encourage the appropriate use of high unspent funds.

Workforce governance

* The organisation has effective systems and processes in place that oversee workforce recruitment, staff performance and education.
* Staff were evidenced to have current job descriptions that included clear responsibilities and accountabilities.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* Feedback and complaints are captured in the services complaints register, which allows the service to effectively analyse and trend feedback and complaints.
  + Deficit identified in information, and evidence, under Requirement (3)(a) of Standard 6 show the absence of documented complaint closure date to assist with the reporting of time taken to resolve complaints has since been rectified. Explanation, without evidence provided, of improvement action implemented included creation of a new complaint record documentation to include follow up and closing out dates. In addition, a closed-out column has been added into the complaints register.

Effective risk management practices and systems were demonstrated, for example:

* Processes are in place to identify consumer risks via the use of validated assessment tools.
* Care planning documentation reviewed confirm identified consumer risks are managed with individualised mitigating strategies that are discussed with consumers and representatives before implementation.
* Staff could describe what elder abuse and neglect could look like and confirmed training on the identification and response to elder abuse and neglect has been completed.
* A review of incidents showed there is timely reporting, investigation and actions taken to prevent or reduce the likelihood of incidents recurring for each consumer. Incident management policies and procedures include reference to the Serious Incident Response Scheme (SIRS), which staff also confirm they have received training on.

The service has a clinical governance framework in place which is overseen by a clinical governance committee.

* Whilst the service does not prescribe medication, management advised antibiotic stewardship education is provided to consumers via newsletters. Documentation reviewed confirm the service has an antimicrobial stewardship policy in place.
* The service has a restrictive practice policy and procedure which was observed to include limited information to address processes in the home and community setting. However, staff advised they undergo restrictive practice training during induction and refresher training.
* Staff and management could describe the underlying principles of open disclosure and were able to provide practical examples of open disclosure used to resolve complaints. Documentation reviewed showed the service has an open disclosure policy and procedure in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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)