**Performance**

**Report**

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| Name: | FINNCARE South Brisbane |
| Commission ID: | 700055 |
| Address: | 343 Cleveland Redland Bay Road, THORNLANDS, Queensland, 4164 |
| Activity type: | Quality Audit |
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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: 331 Finncare Incorporated  
Service: 26262 Finncare  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7558 Australian Finnish Rest Home Association Inc  
Service: 24450 Australian Finnish Rest Home Association Inc - Community and Home Support

**This performance report**

This performance report for FINNCARE South Brisbane (**the service**) has been prepared by P. Sherin, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 14 November 2023 providing additional information.

# 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

Consumers and representatives provided positive feedback regarding their ongoing interactions with staff and said consumers are treated with respect and dignity. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s background and identity. Staff were observed interacting with consumers in a kind and caring manner.

Consumers and representatives confirmed staff understand consumers’ needs and preferences and consumers feel safe and respected during service delivery. The organisation has policies, procedures, and training to ensure staff have the resources to provide culturally safe care and services. As the service caters to Finnish consumers, staff are required to also undertake a basic Finnish language training module.

Consumers and representatives confirmed consumers are supported to exercise choice about how services are delivered, including making decisions about when to involve family or others in their care. Conversations with staff and management demonstrated the workforce respects each consumer’s right to make decisions about their care and services.

The service demonstrated consumers are supported to take risks if they choose. Staff described the importance of discussing the potential risks with consumers and giving them the freedom to continue taking the risks as per their choice. Management described how a dignity of risk form is completed to document the outcome of the discussion, potential risks, and any measures to ensure consumer safety.

Consumers and representatives are provided resources such as information regarding the service’s privacy policy to understand how consumers’ personal information is used. Consent is sought before sharing information with other providers involved in their care. Staff described how consumer information is stored securely in electronic databases that require a username and password to access.

In relation to Requirement 1(3)(e), the Quality audit report identified feedback from one consumer and one representative regarding communication issues including difficulties in contacting staff to speak to, failing to receive a return call or message and/or not being informed of changes to a service in a timely manner.

The Provider advised of actions implemented to address the concerns raised including guidance to staff regarding communication protocol and contact with the consumer and representative named in the Quality audit report to address their feedback.

Having considered the information provided in the Quality audit report and the Provider’s response, I am satisfied the Provider has demonstrated actions to ensure staff can be contacted by consumers/representatives and information is communicated in a timely manner.

I, therefore, find this Requirement and therefore all requirements under this Standard compliant.

# 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

The service demonstrated it undertakes a range of assessments when consumers enter the service, and these are reviewed periodically and when changes occur. There are processes in place to guide staff practice in assessment and planning. Staff demonstrated good knowledge of the consumers they care for and the strategies to support their needs and mitigate risks. Care planning documentation included sufficient detail about assessed needs and risks to guide staff.

Consumers and representatives reported care and services meet consumers’ current needs, goals, and preferences. Staff described how they undertake assessment and planning, considering the consumer’s needs, goals, and preferences through regular interactions with consumers and representatives. Care plans capture individualised information regarding consumers’ needs. Whilst some gaps in information were identified in relation to subcontracted clinical care; this has been considered below under Requirement 3(3)(a). Management said end-of-life wishes are discussed during the initial assessment. An end-of-life brochure and booklet on advance care panning is provided to consumers.

Consumers and representatives confirmed they participate in the planning and review of the services consumers receive. Staff and management described how they work in partnership with the consumer, representatives, and other health professionals and providers in assessment and care planning. Staff discussed the importance of communicating regularly regarding the changing needs of consumers. Care planning documentation identified subcontracted services and evidenced consumer/representative involvement in the planning and review.

Consumers and representatives are provided with a copy of the care plan that is kept in the consumer’s home for reference. Electronic care and service plans are accessible to staff. Staff reported having access to the care and services plan and said it contains the information they need to provide services in line with consumers’ preferences.

Care planning documentation identified care plans are reviewed annually and more often when changes or incidents occur. Staff undertaking reviews described the process and the circumstances under which a review or reassessment may be required. Updates to care plans are communicated to staff, including any changes to care and service schedules adjusted in response to changing needs. Consumers and representatives said staff regularly communicate with them and make changes to meet the consumer’s current needs.

# 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

Requirement 3(3)(a)

The Quality audit report identified the service does not provide clinical care to consumers on CHSP packages, and no concerns were identified with provision of personal care to these consumers. However, deficiencies were identified specifically in relation to provision of clinical care to HCP consumers provided through subcontracted services. For one consumer receiving twice weekly wound care, no wound care plan, wound care progress photographs, or updates were available on the consumer’s electronic file. For another consumer whose wound had healed and who now required regular skin monitoring, there was no information on file to identify the wound had healed. The service’s internal audit had identified wound care plans or progress updates from subcontracted services had not been received since June 2023, despite repeated requests for information. Management confirmed they could not locate the service’s clinical brokerage agreements and had requested all subcontracted clinical service providers to sign new agreements and resubmit compliance documentation.

The Provider advised of actions implemented to address the deficiencies including updates to wound care plans for consumers named in the Quality audit report; new agreements and compliance documentation received from subcontracted clinical service providers; and regular reporting processes implemented.

Having considered the Quality audit report and the Provider's response, I am satisfied the Provider has demonstrated appropriate actions, monitoring, and reporting processes to ensure the provision of safe and effective clinical care.

I, therefore, find this Requirement is compliant.

Requirement 3(3)(b)

The Quality audit report brought forward information identifying the service is not ensuring effective risk management for consumers with falls and wounds in relation to both HCP and CHSP consumers. Review of incident and care planning documentation identified no falls risk or environmental risk assessments were conducted for 2 consumers who had experienced recent falls. Wound care plans and progress updates were not available on file for consumers due to lack of communication from subcontracted clinical service providers. The service did not maintain a consumer risk register to monitor consumers’ risk status, identify changes, and implement effective strategies to manage risk. The Provider advised these deficiencies had been identified via its own internal audit processes with improvement actions underway.

The Provider submitted satisfactory documentary evidence demonstrating improvement actions implemented in response to the deficiencies identified. This includes engagement with consumers named in the Quality audit report in relation to falls and wounds; implementing processes to ensure regular follow-up with subcontracted providers and documentation regarding wound care progress and updates to care plans; engaging a brokered service to review consumers and prepare falls risk plans; and establishment of a consumer risk register.

Having considered the Quality audit report and the Provider's response, I am satisfied the Provider has demonstrated appropriate actions and improvement processes to effectively manage high impact and high prevalence risks to consumers.

I, therefore, find this Requirement is compliant.

Requirement 3(3)(e)

The Quality audit report identified the service did not demonstrate clinical information about consumers’ needs and condition is effectively documented and communicated within the organisation, and with others where responsibility of care is shared. This was noted specifically in relation to HCP consumers where clinical is provided. There was no evidence of regular communication between the service and subcontracted providers delivering regular clinical care to consumers. Management was unable to advise regarding current clinical care needs of consumers with wounds, stating the service has not received regular progress notes and updates regarding wound care from subcontracted service providers. Refer to Requirement 3(3)(a) and 3(3)(b) for information more broadly.

The Provider submitted satisfactory documentary evidence demonstrating improvement actions implemented in response to the deficiencies identified. This includes engagement with consumers named in the Quality audit report in relation to wounds; implementing processes to ensure regular follow-up with subcontracted providers and documentation regarding wound care progress and updates to care plans; and development of a clinical referral form for sharing of information.

Having considered the Quality audit report and the Provider's response, I am satisfied the Provider has demonstrated appropriate actions and improvement processes to ensure effective communication and sharing of information.

I, therefore, find this Requirement is compliant.

I find all other Requirements under this Standard compliant as:

Staff and management said they do not currently have any consumers who are palliating; however, they described the way they would adjust care and services for consumers nearing end of life and engage in conversations with the consumer’s representative and relevant medical professionals.

Interviews with consumers, representatives, and staff identified the service has processes to support staff in identifying and notifying others of changes in a consumer’s condition. Care planning documentation and progress notes evidenced timely identification and response to deterioration or changes in a consumer’s condition.

Consumers and representatives said they are satisfied with the care and services delivered by others involved in their care. Staff described the referrals process completed in consultation with the consumer/representative and gave examples of how allied health professionals are engaged in response to changes in a consumer’s needs. Care planning documents demonstrated referrals to allied health professionals and other service providers in a timely manner.

Consumers and representatives reported they are kept up to date in relation to COVID-19 and any impact on the services they receive. Staff demonstrated an understanding of practical ways to minimise the transmission of infections. The service has an outbreak management and infection control plan and monitor staff vaccination status. Management advised staff undertake training in infection control and use of personal protective equipment.

# 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

Consumers and representatives provided examples of how the services and supports consumers receive help to maintain their independence and quality of life. Staff demonstrated knowledge of what is important to individual consumers and described how they support consumers to do as much as they can for themselves to optimise their independence. Care planning documents are individualised and include information to guide staff practice in provision of services and supports for daily living.

Staff demonstrated an understanding of what is important to the consumer to maintain their emotional, spiritual, and psychological well-being; this information aligned with feedback from consumers and representatives and information under care planning documentation. The service implements supports to meet these needs, including social support services, social group outings, and activities based on consumer choice. Staff gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low.

Consumers and representatives confirmed the organisation is flexible in the delivery of services, enabling consumers to participate in the community and do things of interest to them. Staff provided examples of how they support consumers to maintain their relationships and to participate in the community such as via lifestyle centre activities. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives said they are satisfied information about the consumer is shared within the service and with others involved in the consumer’s care. Most consumers reported they are attended by regular care staff and confirmed staff have a good knowledge of the care and services they need. Staff said consumer information is available via care plans accessible to them, and they are informed of any changes to the consumer’s condition prior to a scheduled visit. Care planning documentation demonstrated effective communication within the service and with other providers involved in supporting the consumer’s lifestyle needs.

Consumers and representatives expressed their satisfaction with the services and supports delivered by those the consumer has been referred to. Staff could describe the process for referrals, including ensuring any referrals are completed in consultation with the consumer. Care planning documentation demonstrated timely referrals have been made, including for supports through arrangements with other services and organisations.

The service supports the nutritional needs of consumers through assistance with meal delivery services, if required. Consumers provided positive feedback in relation to the meal services. Review of assessments and care plan documentation identified discussion with the consumer regarding their dietary needs and preferences, including the assistance required from staff to support the consumer with managing their meals.

Consumers/representatives reported the equipment provided by the service is suitable and meets their needs. Where equipment has been provided for the consumer’s use in their own home, an assessment is completed by an occupational therapist. Staff described the process for identifying and reporting risks in relation to the safe use of equipment. Management described the processes for purchasing, maintaining, and replacing equipment, including where the responsibility is shared with a subcontracted service.

# 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

Consumers attending the service’s lifestyle centre provided positive feedback and said they enjoyed attending activities, celebrating birthdays and events, and partaking in morning and afternoon tea. The service’s lifestyle centre was observed to be welcoming with multiple areas for consumers to participate in group activities or to enjoy quiet spaces. Adequate signage is displayed throughout the centre to enable ease in navigation. Staff described how the service environment supports consumers’ independence, interaction, and function. Consumers were observed engaging in activities and being aided by staff to mobilise safely.

The service environment was observed to be kept clean, well-maintained, and comfortable; this was confirmed by consumers attending the lifestyle centre. Consumers were observed moving freely around the service both indoors and outdoors. The lifestyle centre is easy to access with parking for consumers and visitors, and transport drop off at the front entrance. Processes are in place to ensure the environment is kept clean and clutter-free, and to ensure the prompt identification and resolution of any hazards to consumers and visitors.

Furniture, fittings, and equipment in the lifestyle centre were observed to be clean and suitable for consumer use. Staff described the cleaning processes in place and said there is sufficient furniture and equipment to meet consumer needs. A facilities manager oversees maintenance and servicing of the vehicles and the lifestyle centre.

# 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

Management described various methods for consumers to submit feedback such as via the service’s website, completing feedback forms, or contacting the service via telephone or email. Surveys conducted also provide an opportunity to consumers to submit feedback. Information on how to submit feedback and complaints is included under a welcome pack provided to consumers on entry to the service. Staff are encouraged to ask for feedback regularly, including during care plan reviews.

Consumers and representatives said they are aware of their rights to access advocacy services and have received information on external complaints mechanisms. Information on how to access advocates, language services, and other methods to raise and resolve complaints is included under the service’s welcome pack, consumer handbook, and pamphlets.

Review of complaints documentation identified appropriate and timely action is taken in response to complaints and an open disclosure process is applied when things go wrong.

In relation to Requirement 6(3)(d), the Quality audit report provided examples of one consumer and one representative where feedback in relation to issues with communication had not been recorded under the service’s feedback register. This evidenced the service was not consistently capturing all feedback and complaints to enable effective review and implementation of improvements.

The Provider acknowledged staff did not demonstrate a consistent understanding of feedback and complaints handling and submitted documentary evidence of improvement actions taken in response to this. This includes, but is not limited to, contacting the consumer and representative named in the Quality audit report to address their concerns; staff completion of toolbox training forms on identifying and recording feedback; and the development of an electronic feedback form and provision of staff training on its use.

Having considered the information provided in the Quality audit report and the Provider’s response, I am satisfied the Provider has demonstrated appropriate actions and improvement processes to ensure feedback and complaints are consistently recorded and used to improve the quality of care and services. I, therefore, find this Requirement and therefore all requirements under this Standard compliant.

# 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

Management described strategies implemented in response to challenges in recruiting and retaining staff to ensure delivery of safe and quality care and services. This includes ongoing recruitment advertisements via various platforms including local radio; monitoring and analysis of monthly data in relation to missed or rescheduled shifts; and prioritisation of essential services. Staff and management advised the service continues to work on improving the number and skill mix of staff. Documentary review identified no missed or cancelled shifts in the month prior to the Quality audit.

Consumers provided positive feedback in relation to workforce interactions and said they are treated with dignity and respect. Staff were observed interacting with consumers at the service’s lifestyle centre in a kind and respectful manner.

Consumers and representatives felt the workforce is competent and can perform their roles effectively. The organisation has appropriate human resource policies, procedures, and guidelines to enable the monitoring of staff competency. Management advised all roles require staff members to have appropriate qualifications, experience, and background checks. Review of staff files identified appropriate records are maintained including staff qualifications and criminal record checks.

Staff said they feel supported to undertake training and develop their professional skills. The service has a training schedule and monthly staff meetings are conducted often followed by training on various topics. Management advised, and review of documentation confirmed, staff receive mandatory training on a range of topics including, but not limited to the quality standards, code of conduct, manual handling, incident reporting, and infection control.

In relation to Requirement 7(3)(e), the Quality audit report identified the service’s performance appraisal policy specifies staff appraisals are to be conducted bi-annually, however current staff had not participated in a performance appraisal since early 2021.

The Provider acknowledged all staff had not received a performance appraisal and the service had commenced addressing this issue following identification via a recent internal audit. Documentary evidence was submitted demonstrating an appraisal register has been established and performance appraisals completed for all staff.

I am satisfied the Provider has taken appropriate action and submitted satisfactory supporting evidence to demonstrate performance assessment and review for its workforce.

I, therefore, find this Requirement and all requirements under this Standard compliant.

# 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

Requirement 8(3)(c)

The Quality audit report identified effective governance systems in relation to information management, continuous improvement, regulatory compliance, financial management, and feedback and complaints. However, the service did not demonstrate effective governance systems relating to workforce governance. At the time of the Quality audit, regular performance appraisals had not occurred for all staff and the service was unable to evidence service agreements, compliance documentation, and regular reporting for subcontracted clinical service providers. The service had identified and was in the process of implementing improvement actions to rectify these deficiencies.

The Provider advised, and provided supporting documentation demonstrating an appraisal register has been established; performance appraisals completed for all staff; new agreements and compliance documentation received from subcontracted clinical service providers; and regular reporting processes implemented.

I am satisfied the Provider has taken appropriate action and submitted satisfactory documentary evidence to demonstrate the identified deficits have been addressed and to ensure effective workforce governance.

I, therefore, find this Requirement is compliant.

Requirement 8(3)(e)

The Quality audit report identified the service did not demonstrate appropriate clinical governance and oversight. A documented clinical governance framework and appropriate clinical reporting processes were not in place to monitor and ensure effective oversight of subcontracted clinical services. At the time of the Quality audit, the service was in the process of implementing improvement actions to address these deficits.

The Provider advised, and provided supporting documentation to evidence a clinical governance framework has been established and new agreements and compliance documentation received for subcontracted clinical service providers. Reporting processes have been implemented to ensure regular follow-up with service providers and update of care plans.

I am satisfied the Provider has taken appropriate action and submitted satisfactory supporting evidence to demonstrate clinical monitoring, oversight, and reporting processes are now in place.

I, therefore, find this Requirement is compliant.

I find all other Requirements under this Standard compliant as:

Consumers and representatives said they felt comfortable approaching the service with recommendations for improvement and reported feeling involved in care and service provision. The service demonstrated consumers are engaged in evaluating the services they receive through the submission of feedback and complaints and other mechanisms. Consumer surveys are undertaken to gauge consumer satisfaction and provide an opportunity for consumers to make suggestions about areas for improvement. The service maintains a register to document consumer contact following the survey. Review of survey responses identified positive feedback.

The service demonstrated the governing body is accountable for the delivery of a culture of safe, inclusive, and quality care and services. The service utilises various strategies to create an inclusive and welcoming culture for consumers and others. Consumers and representatives said the appointment of new management in recent months has led to service improvements. Staff provided positive feedback regarding improvements to culture at the service, inclusiveness, and responsiveness to feedback. The governing body remains informed of the service’s operations through formal governance and reporting pathways, including information on incidents and feedback through regular formal updates.

The service has appropriate risk management frameworks, policies, and procedures to guide staff practice in effective management of high-impact and high-prevalence risks. Staff receive training on incident reporting and management. Incident data is communicated to the governing body to ensure appropriate oversight. A risk management register has been established for appropriate monitoring and oversight of risks to individual consumers.

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)