**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | FiveGoodFriends Pty Ltd |
| Commission ID: | 700948 |
| Address: | 8/154 Melbourne Street, SOUTH BRISBANE, Queensland, 4101 |
| Activity type: | Quality Audit |
| Activity date: | 6 August 2024 to 9 August 2024 |
| Performance report date: | 9 September 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9153 FiveGoodFriends Pty Ltd  
Service: 26883 FiveGoodFriends Pty Ltd

**This performance report**

This performance report has been prepared by P.Frangiosa, 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 services it operates, 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 service outlets, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 2 September 2024.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 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

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

Findings

Requirement 1(3)(d)

The Assessment Team was not satisfied each consumer is supported to take risks to enable them to live the best life they can. The Assessment Team provided the following evidence to support their assessment:

* One consumer reviewed was identified has having dysphasia, requiring a texture modified diet of moist and minced foods with mildly thickened fluids.
  + Staff advised this consumer continues to eat bread as they have found evidence of bread in their bed, and they have informed her representatives, who do not appear concerned by their choice.
  + The Assessment Team sighted a referral to a speech pathologist on 2 August 2024 for further assessment and support. However, whilst the service has documented strategies to provide speech pathology support, management were unable to identify discussions with their representative surrounding the potential risks associated with consuming unmodified foods had taken place. Although requested, evidence of additional risk mitigation strategies for continuing to consume unmodified foods, following consumer and representative consultation, were not provided to the assessment team at the time of the review.
* Another consumer was identified as living alone, has mobility challenges and requires assistance with personal care. This consumer has been declining personal care, instead opting to shower themselves, unassisted by care staff in the evening.
  + The Assessment Team sighted documentation by the care team, following a series of remote reviews from 15 April to 3 May 2024 noting the one strategy documented was to continue to offer cares and services to this consumer even though they continue to decline personal care.
  + Although requested, management was unable to provide the Assessment Team with evidence of consumer education in relation to the potential risks associated with showering unassisted. Evidence of risk mitigation strategies regarding unassisted showering was not provided to the Assessment Team at the time of the review.
* Management acknowledged the service had recently implemented (February 2024) a dignity of risk process/workflow for the organisation, to support consumers to take risks. Management also advised service wide training was completed to ensure staff understanding of the new process. Management advised they support consumers to take risks, however accepted that education and consumer understanding of risks have not been consistently documented. Management also advised the organisation will review the dignity of risk workflow and principles, as well as implement a review process to ensure risks are monitored.

The provider provided the following information in response.

* Conducting a comprehensive review of the Dignity of Risk Workflow. We are confident that this workflow is underpinned by robust evidence and best practices, aimed at empowering our members to make meaningful decisions and take risks that are beneficial for their health, well-being and living a fulfilling life. In light of our commitment to continuous improvement, we have also reviewed our change management and documentation processes to identify and address any areas that need enhancement. The Dignity of Risk Workflow encompasses a two-tiered approach:

Tier 1: Integration of dignity of risk principles in daily practice discussions.

Tier 2: Formal dignity of risk assessments initiated when a situation might lead to a potential breach of our duty of care or if the risk is classified as severe or catastrophic.

Improvements included:

* Care Teams Training: The Quality Team has developed refresher training on the Dignity of Risk Workflow and has created additional resources to improve our documentation of Dignity of Risk discussions with Members. This training has been scheduled for delivery to Care Teams across all regions on the 11th, 19th and 24th of September.
* Documentation Process Enhancement: We have reviewed and upgraded our internal Dignity of Risk (DoR) documentation process. Our new software enhancement now allows us to tag all Dignity of Risk discussions with Members, ensuring that these interactions are more accurately recorded, saved, and easily reportable within each Member’s record.
* Workforce education: On August 30th, we distributed a comprehensive Dignity of Risk education piece to all active 1,180 front-line workers. This initiative was designed to refresh and reinforce their knowledge and understanding of Dignity of Risk principles.

Additionally, the following improvements are planned:

* Dignity of Risk e-Learning: We are developing and will release a Dignity of Risk e-Learning module to our front-line workforce on September 30, 2024. This module is designed to further enhance our workforce’s ability to apply Dignity of Risk principles effectively in service delivery, further supporting both our workforce and Members.
* Monitoring and Review: As part of our internal review program, the Quality Team conducts a regular calendar of Quality Activities. A specific Dignity of Risk Quality Activity has been scheduled for February 2025. This review will analyse our performance post-release of the refresher communication and training provided in September 2024.

In response to one consumer identified with dysphasia and dietary concerns:

* A speech pathologist was first engaged in June 2023 for one consumer. At this time the outcome of the assessment and advice to the family included no bread or toast in addition to identifying the type of diet and support required, e.g. can feed self, but must be visually supervised (watched at all times) and given prompts to slow down. Meals appropriate to the prescribed diet are provided as part of the home care package.
* In monitoring care and services as per the Help Plan, Helpers reported on 25 June 2024 and 6 August 2024 occasions whereby unmodified food had been provided to this consumer by their daughter. As part of follow-up by the Care Team, a referral was made to speech pathology services. As an outcome of this assessment and on 31 July 2024 the speech pathologist requested additional sessions with the family to provide further education about Eating and Drinking with Acknowledged Risk (EDAR). This has commenced and we are awaiting a report to be provided. Following this we will be able to determine if we need to implement our dignity of risk approach if subsequent to the education and support for this consumer if they would like to continue to eat unmodified foods. It is important to note that this consumer is non-verbal, cannot prepare their own food, and Helpers have not assisted with any food outside of the prescribed diet. At this time, it is only the consumers daughter who has provided unmodified foods to them.
* Following the audit, we commenced a Dignity of Risk project within our Learning and Development team. Project deliverables are referenced in the ongoing initiatives referenced above.

In response to another consumer showering themselves and declining assistance:

* During April 2024 the Care Specialist commenced a Tier 2 dignity of risk response with this consumer and their daughter. This consumers daughter advised that they want to maintain their independence and does not want assistance.
* This consumers safety is further supported through the use of grab rails in their bathroom and shower and falls pendant.
* Following the audit, the Care Team commenced a new Tier 2 dignity of risk response with this consumer and their daughter. On 29 August 2024 the Care Specialist spoke with this consumers daughter.
  + As part of this work the Care Specialist discussed risks associated with choosing not to shower, which the consumers daughter acknowledged she understood. These included:
  + his skin may become dry, irritated or itchy. The increased risk of skin breakdown can increase the likelihood of skin infections and allergic reactions due to bacteria and allergens able to access the skin barrier. Increased risk of urinary tract infections leading to hospital admission and other medical concerns.
  + Helpers during each visit (covering 5 days per week) as per the Help Plan Discuss the importance of personal hygiene and encourage regular showering to avoid infections, and a process of monitoring continues via our Care Monitoring program, and face-to-face annual review as part of our Program of Ongoing Monitoring and Review.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided prompt risk mitigation strategies associated with addressing these deficiencies (both to consumer cohorts identified, and wholesale training in house).

Though these strategies are yet to be fully embedded, results evidenced support an effective strategy. With the evolution of time, further resulting improvements should present themselves.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f)

Consumers and representatives stated consumers are treated with respect by staff. Staff described how they treat consumers with dignity and respect, including using culturally appropriate greetings, verbal and non-verbal communication. Documentation showed detailed recognition of consumers’ identity, culture and diversity, with each consumer’s background, social, cultural, and language preference.

Consumers confirmed care and services are culturally safe, with staff and consumers having similar cultural backgrounds. Staff confirmed they consider the consumer’s cultural background when providing care and services.

Consumers and representatives confirmed the service supports consumers to exercise choice and independence, with staff ensuring the consumer is provided opportunities to decide on services and care provided. Staff described how they support consumers to make day-to-day choices. Management discussed how the service has ongoing discussion with consumers to support consumer choice and independence. Documentation showed the service captures details about whom the consumers wish to be involved in decisions.

Consumers and representatives confirmed staff respect and protect the consumer’s privacy. Staff described how they maintain consumer privacy and confidentiality by not sharing information with others who are not authorised to receive it. Management described the process for sharing personal and sensitive information only with those who require the information. Documentation confirmed the service uses a privacy consent process prior to sharing information with others.

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

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

Findings

Consumers and representatives confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. The service uses validated tools to assess risks to guide the delivery of safe and effective care and services. Risks assessed include falls, pain, wounds and cognition. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how 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. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers. Documentation showed staff at the social support groups have access to clear directives in care plans to support consumers with their interests, likes, dislikes and medical conditions and HCP care plans have clear directives for staff.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

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 with consumers.

# Standard 3

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

Findings

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives confirmed discussions about end-of-life planning are held. Staff and management described strategies for maximising consumer comfort when a consumer is nearing end of life. Documentations showed the service has procedures to prioritise services and onward referrals for consumers nearing end of life.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Staff confirmed they have access to the consumer’s care directives through an application on their mobile device. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

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

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers on the mobile application to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through a mobile application. Management advised consumer care plans are available to staff through a mobile application and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying and nutritious. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes. Documentation showed the service has a documented emergency plan which identifies allergies, likes and dislikes of consumers and there are special directives for consumers with diabetes.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

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

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | HCP |
| 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 assessed |
| 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 assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed |

Findings

Standard 5 was not assessed as the service does not provide a physical service environment where care and services are delivered.

# Standard 6

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

Findings

Consumers and representatives confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Management described how the service supports consumers to access advocates and other services and methods for raising and resolving complaints. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options, in the consumer’s language of choice.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues, even though the service does not have an open disclosure procedure.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

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

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

Findings

Requirement 7(3)(d)

The Assessment Team was not satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence to support their assessment:

* Learning and development team documentation indicated staff received mandatory training during onboarding, which included an introduction to the organisation, infection control and code of conduct. Any additional training was elective and not mandatory.
* The provider’s approach to training opted to encourage staff to undertake further training after consumer care needs changed instead of taking a proactive approach to training and anticipating changes to consumers’ care needs.
* Management advised that independent contractors were not required to meet minimum qualifications. Internal care staff were trained to provide most care and services. However, independent contractors needed to undergo elective micro-credentialing to provide services such as showering and bathing.
* Whilst micro-credentialing enabled the workforce to undertake training in small courses/modules, this demonstrated a reactive response to changes in consumer needs. The micro-credentialing training modules were voluntary for independent contractors, and in circumstances where care staff choose not to undertake further training, this impacts the continuity of care.
* In relation to restrictive practices, management advised staff were not supported in recognising restrictive practices, stating that the service did not implement restrictive practices.
* The Assessment Team identified approximately 19 consumers with bedrails without adequate clinical oversight by the provider. Furthermore, the provider could not demonstrate that the bedrails were the last resort or the least restrictive form.
* First aid and CPR training were required for internal care staff, but not mandatory for independent care staff contractors.
  + Management indicated that the procedure care staff followed for non-life-threatening incidents was to call the office and work under the advisement of a clinician. For life-threatening incidents, the procedure was to call emergency services and work under the instruction of paramedics.
  + Care notes for one consumer indicated that care staff applied betadine and bandages.
    - Management acknowledged that this was outside the scope of a care staff.
* Management advised the use of incident information to encourage further training of individual staff. For example, staff delays in escalating a SIRS incident. The voluntary nature of training for independent care staff contractors did not demonstrate that the workforce could meet sudden changes in consumers’ health and wellbeing. This was further demonstrated by the training completion rates sighted by the Assessment Team.
* 52 staff completed showering and bathing (full assist).
* 299 staff completed showering and bathing (partial assist).
* 469 staff completed showering and bathing (standby assist).

The provider provided the following information in response.

* Identifying training needs is not solely elective or voluntary and at the discretion of the Care Worker. This is evidenced through the following data: 78% of care worker enrolments in the training courses are initiated by Five Good Friends staff including: Workforce co-ordinators
  + Care Specialists
  + Community Coaches
  + Care Co-ordinators
  + Training Facilitators
  + Quality Team
  + 22% of course enrolments are initiated by Independent Contract Care Workers.
* Training is both ongoing and responsive. The combination of ongoing monitoring and our industry recognised Micro-Credentialing programme more rapidly (than traditional approaches) builds the skills of Care Workers. This is critical to ensuring a sustainable and ongoing care workforce into the future.
* The demand for skills and services by Consumers is continuously monitored against the available supply of skills in the network, with the goal of maintaining excess supply.
* After completion of registration requirements and core modules such as code of conduct, National police check, training is tailored to the needs of the Consumer. This is a unique approach that results in a Care Workforce with broad and specialised skills relevant to the needs of the Consumer.
* It is mandatory that Care Workers complete relevant courses and have appropriate skills to deliver relevant services to Consumers. This is managed through the mapping of skills and care management platform.
* Further information to support the providers response included:
* The Five Good Friends Care Worker workforce - The Five Good Friends Care Worker workforce (including independent contractors) is comprised of 65% of workers with formal qualifications from registered training organisations including aging, disability, community and healthcare vocational and university education. This is in line with the Department of Health and Aged Care Workforce Consensus, figures of 66% in 2020. These qualified workers delivered 88% of our services in the last 30 days. The remaining 12% are for services or supports that do not require formal qualifications (for example, companionship, cleaning etc.), but instead, call for empathy and compassion.
* Care delivery philosophy - Five Good Friends training is designed to enhance our care delivery model of matching the same consistent Care Workers (Helpers) to the same Consumer (Member). From a Consumer perspective, this is a key determinant of the experience of care. This was identified in a paper published January 2020 in Australasian journal of ageing titled: Consumer experience of home care packages. The Aged Care Quality and Safety Commission Paper: Quality and Safety in Home Services - 5 key areas of risk. Guidance for governing bodies of home services providers, identified continuity of care worker as a way of mitigating risk.
* It is important to understand that this philosophy drives our approach to training and the ongoing development of our care worker workforce. Five Good Friends care delivery model begins with matching Consumers to Care Workers based on:
* Vetting and verifications
* Required skills/certifications
* Softer but equally important attributes such as gender, language, cultural background and interests.
* To achieve this level of matching (which respects and enhances consumer choice and control) Five Good Friends has built a curated network of vetted and verified Independent Contractor care workers and employed care workers (Helpers). This provides the organisation with the ability to draw on a wide and deep workforce of skilled and caring people and a greater capacity to match to Consumer preferences and needs.
* Micro-credentialing - an innovative approach to ongoing training and development. To help ensure ongoing Care Worker skills development, continuity of care and support our matching model, Five Good Friends developed an industry recognised Micro-Credentialing programme.
* This approach is well documented in the literature as a modern way of attracting, retaining and more rapidly growing the skills of workers in industries where workforce shortages are challenging. Aged Care is one such sector.
* Development of the programme commenced in 2021 with a three month Training Needs Analysis (TNA) of our Care Workforce. This underpins and continues to inform our strategy by identifying the necessary skills and abilities required to address the needs of our Consumers. The initial TNA also identified the preferred learning modality of our Care Workforce which informs content and content form. It is conducted every year as part of our continuous improvement programme and enables Five Good Friends to prioritise our training and course development. Below is an overview of the ongoing Micro-Credential training and course development programme.
* Based on our TNA we have developed 70 courses within 6 course categories:
* Activities of daily living
* Activities of daily living instrumental
* Aged care
* Disability
* Helper focused
* Member focused
* Instead of waiting for Care Workers to complete 12-month qualifications, the Five Good Friends programme rapidly builds skills by breaking down extensive training courses, such as personal care and mobility, into smaller, more targeted studies based on levels of care. This swiftly upskills care workers in an ongoing and continuous way.
* Micro-credentialing involves Care Workers earning specialised credentials that demonstrate the acquisition of specific skills or knowledge. These credentials are smaller in scope and duration compared to traditional degrees or certifications. They can be earned through online courses, workshops and assessments (for example in the home with the Consumer). They are more flexible and accessible than traditional education pathways.
* By delivering this focused and accessible training, Five Good Friends is not just meeting current demands, we are empowering our workforce to adapt and thrive alongside our Consumers evolving needs. We are also pioneering a replicable model in Home Care that enhances our organisations resilience and responsiveness.
* This approach helps us focus training where it's needed most. It breaks clinical content into stages. This enables Care Workers to upskill quickly in specific care areas, secure more work, and progress alongside Members in their ageing journey, all while providing continuous, relationship-focused care. As highlighted earlier training is not solely elective. 78% of all Care Worker enrolments in courses are made by Five Good Friends staff based on identification by the care team and workforce team of a need for the continued upskilling of a Care Worker and desire to sustain a match that is delivering desired outcomes for the Consumer; and network supply and demand data indicating a need for more types of skills to satisfy current and anticipated consumer demand.
* Understanding, planning and monitoring skills capacity - The monitoring of 'Supply and Demand' data for skills and ongoing training requirements enables Five Good Friends to critically analyse its network including the number of Consumers and which service types they require. Supply and Demand data helps Five Good Friends objectively study and monitor changes in the profile of Consumer demand and the corresponding Care worker skills requirement.
* Supporting evidence included the providers Learning and Development Network Supply and Demand Dashboard which contains and surfaces data for the business. Data is drawn from our digital care management platform and is surfaced in our business analytics tool Sisense. It is based on care plans, service types, essential services, high-impact, high-risk services and location. The majority of skill types are currently in excess supply. More individual Care Workers are credentialed to deliver the related service than Members who require the service.
* Another important measure of an appropriately skilled, planned and trained workforce is the number of visits we are unable to fill. This can be for a number of reasons, including:
* a change in service request time.
* unsafe travel conditions due to emergency conditions.
* late cancellations by a care worker due to illness.
* In a scenario where a visit can safely proceed, the required skills must be matched to the Consumer. For this reason, we seek to build an over supply of skills in the network by proactively training the care workforce.
* All visits are provided by Helpers who are verified as having the training and skills required to provide the service for each Member they are supporting. We monitor the schedule of each Member extremely closely. Each month the Rostering Team Leader reviews the data of the previous month. Data is again extracted from our digital care management platform and surfaced in dashboards for our Care Teams, Rostering Team and Quality Team.
  + In July, of the 27,800 visits (services) to a Consumers home 0.24% were unable to be filled. We actively monitor the impacts of these visits on Members in more than one way. The Rostering Team work closely with the Care Team to ensure they have the opportunity review and consider any impacts to Members.
  + Secondly, in our care managed regions we hold a monthly review at the beginning of each month of the previous month of Consumers with unable to fill (UTF) visits with the purpose of ensuring:
    - 1. We understand what the challenges are with filling visits for these Members.
    - 2. We have reviewed any risks associated with these visits not going ahead as per our UTF ticket.
    - 3. There are other options we need to consider to better fill visits moving forward.
    - 4. Ongoing communication with the Consumer and their family or Authorised Representative.
* Evidence-based Best Practice Approach
* In developing the content and programme we consulted the Australian Skills Quality Authority, Unit of Competency: CHCCCS031 Provide Individualised Support and HLTWHS002 Follow safe work practices for direct client care, to ensure the training materials covered how Care Workers should organise, provide and monitor personal support services for an older person, as well as informing Care Workers on:
* The rationales for underpinning the support.
* Their roles and responsibilities as a Helper.
* Legal and ethical requirements.
* Person-centred care.
* Infection and workplace health and safety protocols.
* We also applied the Australian Skills Quality Authority strategies, ‘Principles of Assessment’ and ‘Rules of Evidence’ to ensure our micro-credentialing approach does not compromise the quality of assessments determining a Care Workers competence. Each course contains visual, audio and written content. Care workers can access training via a learning platform, an on-demand learning management system. This platform allows Helpers to enhance their skills in their own time, providing flexibility and convenience in their professional development.
* Workforce training - As part of aged care reform work led by our FGF Quality Specialist, we will be undertaking a review of our Learning and Development program to ensure we meet the regular competency-based training requirements of the Strengthened Standard 2.9.6.

The intent of this requirement covers the organisation’s support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Meeting this requirement will support the workforce in their day-to-day practice and can protect against risk and improve the care outcomes for consumers. This intent and delivery covers both role identification and requirements.

The organisation needs to ensure members of the workforce are supported, skilled and ready to carry out their roles. Where appropriate, members of the workforce should be supervised until they can show that they have the competence they need to carry out their role unsupervised. Furthermore, members of the workforce are expected to receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided a comprehensive response with supporting industry standard methodology and approach to the service, including targeting, training and delivery focus of staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 7 Human resources.

Requirements 7(3)(a), 7(3)(b), 7(3)(c), and 7(3)(e)

Consumers and representatives confirmed consumers feel respected. Staff described how they relate to consumers respectfully. Results from a survey conducted by the service showed consumers feel they are treated with integrity and respect.

Staff confirmed they receive induction training and ongoing mandatory training. Management explained the service uses an online training system for staff. Documentation showed the service maintains up-to-date training and competency records for staff.

Support staff confirmed they undergo regular informal performance appraisal processes with management. Management confirmed support staff undergo regular informal performance appraisal processes with office staff undergoing formal annual appraisal processes. Management stated a review of performance appraisal processes will be undertaken. Documentation showed evidence of performance reviews being completed for office staff.

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

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

Findings

Requirement 8(3)(c) The Assessment Team was not satisfied the provider had effective organisation wide governance systems specifically relating to insufficient clarity around care staff and clinical roles and associated training, as identified in Requirement 7(3)(d). The Assessment Team provided the following evidence to support their assessment:

* Meeting minutes dated 28 July 2024 in which the Quality Framework was discussed, and management confirmed the framework does not currently clearly document what is in scope and out of scope for care staff and that supplementary policies or workflows are required. An outcome was to clarify roles and responsibilities in clinical governance and clinical care.
* Additional training was elective and only recommended after a change in the care needs of a consumer with whom care staff work. In addition, training in relation to restrictive practices was not in place, thereby not providing care staff with the knowledge needed to identify restrictive practices in consumer’s homes.

The provider provided the following information in response.

* Based on our responses to each of the aforementioned requirements 1(3)(d), 7(3)(d), 8(3)(d) and 8(3)(e) we believe we have demonstrated that there is no systemic governance workforce issue in Five Good Friends.
* The report states The Assessment Team noted meeting minutes dated 28 July 2024 in which the Quality Framework was discussed, and management confirmed the framework does not currently clearly document what is in scope and out of scope for care staff and that supplementary policies or workflows are required. An outcome was to clarify roles and responsibilities in clinical governance and clinical care. We believe this is not an accurate reflection of this work. Through our self-assessment and gap analysis against the Aged Care Quality Standards, we identified the opportunity to review our Quality Framework in line with requirements for clinical governance.
* We added the item to our Continuous Improvement Plan and developed a Summary Paper that was taken to a workshop with the CEO, Chair of the Care Governance Committee/Board Member, Head of Aged Care and Quality, and our Quality Outcomes Coordinator. During the workshop discussion, as identified in the meeting summary, one participant proposed the area that perhaps needs work is clear documentation of what is in scope and out of scope for the workforce (i.e. Helpers) and this would need supplementary documents/policies/workflows that reinforce this.
* The group then engaged in discussions about roles and responsibilities in which we were confident that the Governing Body (the Board) meets all of the requirements outlined and We acknowledged management’s role in the business and that everybody knows his role as clinical lead, however, we perhaps need to call this out in the Framework more clearly. The outcomes captured from the workshop were:
  + The group consensus was to make minor adjustments to the Quality Framework to ensure it captures our current structures and processes that support governance and clinical care. This includes:
    - Where deemed necessary, provide clarity of roles and responsibilities in Clinical Governance and Clinical Care. For example:
    - Call out the Care Governance Committee.
    - Ensure the business knows how management’s role plays an integral part.
    - Consider changing the preamble/At a Glance section to tell the FGF story more, including how we operate. For example: FGF operates a top of licence technology enabled model that is unique in the industry. We are data driven etc.
    - Define what 'care and services' is for FGF, and reference more clearly that this includes clinical care, while this is how we see it an operate it is not clearly identified in the document. Consider expanding the definition already noted in the Quality Care and Support Policy. Explain that we provide lower complexity services to more complex services and we acknowledge and support the role of families/loved ones.
    - Consider adjusting item number 10 currently listed in the "Components of our Quality Framework" to replace Clinical Governance or Care Governance.
    - Add the CGC terms of reference to the Quality Framework.
    - Consider if we need to publish the names of CGC members. If so, obtain consent from Bobby.
    - Consider adding a separate section or calling out Clinical Care and Clinical Governance.
    - It was agreed that FGF would not operate a separate clinical governance 'committee' and instead, the existing Care Governance Committee will continue to support this role/function and monitor and report on the quality of clinical care provided.
* Additional evidence previously provided in response to deficiencies in requirement 7(3)(d) were considered in my determination of compliance.

The intent of this requirement is to ensure the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

As per supporting evidence in Requirement 7(3)(d), the combination of ongoing monitoring and industry recognised Micro-Credentialing programme (as evidenced) shows the organisation applies effective organisation wide governance systems relating to training and oversight.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided a comprehensive response with supporting industry standard methodology and approach to the service, including targeting, training and delivery focus of staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(c) in Standard 8 Organisational governance.

Requirement 8(3)(d)

The Assessment Team was not satisfied the provider had effective risk management systems and practices relating to oversight and effective management of high-impact or high-prevalent risks. The Assessment Team provided the following evidence to support their assessment:

* As outlined in Requirement 1(3)(d), although the provider is allowing consumers to take risks, the dignity of risk workflow developed in February 2024 was not fully understood by the workforce and documented discussions with consumers about the risks associated with their choices were not evident.
* As outlined in Requirement 7(3)(d):
  + The provider did not have training in place to ensure staff are aware of high impact and high prevalence risks such as restrictive practices.
  + The provider did not have mandatory and ongoing training for care staff and micro-credentialling does not appear to be proactive but occurs after a change in a consumer’s care needs.
  + The provider is training some care staff to administer medications, without clarification of their specific role, which could lead care staff to work outside their scope of practice.
  + The provider did not require all care staff to have first aid and CPR training, which could put consumers at risk in an emergency.

The provider provided the following information in response.

* The data identifying Members with high-impact or high-prevalence risks is contained throughout care plans and Member profiles, of which we have always had clinical oversight of. Following discussions with the Assessment Team, FGF was able to rapidly leverage its business intelligence tooling to cohort these Members under the defined risk areas and surface them in a single quality dashboard.
* Actions taken since the Audit / Ongoing initiatives: High Impact and High Prevalence Risks - We have thoroughly reviewed and enhanced our policy for managing High Impact or High Prevalence risks (see attachment). This revision has enabled us to clearly define our objectives, key information, connections to the Aged Care Quality Standards, and the roles and responsibilities necessary for managing the following critical risks for our Members:
* 1. Safe management of medications, including high-risk medicines
* 2. Prevention and management of pressure injuries
* 3. Minimisation of restrictive practices
* 4. Management of delirium
* 5. Management of pain
* 6. Management of hearing loss
* 7. Management of hydration and nutrition
* In addition, the development of a dynamic dashboard has allowed Five Good Friends to more easily identify members at risk for High Impact or High Prevalence risks. This real-time dashboard integrates data from member records, enabling us to identify and monitor the specific risks affecting each member. This automation within our CRM system enhances our visibility of these risks, facilitates earlier recognition of member deterioration, and triggers timely reviews of ongoing care and support needs by our Care Teams.
* Furthermore, we have reviewed our approach to the ongoing assessment, monitoring and management of each of these risks and can confirm the following:
* Managing Medications Safely - Identification, assessment and monitoring of risk
* We assess the need for and plan support via Self Administration of Medications Risk Assessment Tool (SAMRAT - see attachment) and the Medication Support template in the COAST
* this includes the identification of high-risk medicines
* We report, investigate and trend medication incidents, and monitor via the Care Governance Committee and Board
* We have our Member Annual Review process that identifies and reviews each element of the Help Plan
* We review medication support as part of hospitalisation discharge planning
* We request and review a GP Summary for each Member
* We utilise Must-Do’s in Lookout to manage medication support connected to real time Care Monitoring
* We utilise our ‘Program of Ongoing Monitoring and Review’ for ongoing monitoring of the health and wellbeing of each Member
* Preventing and Managing Pressure Injuries - Identification, assessment and monitoring of risk
* We assess the need for and plan support via the Skin, Hair and Nails template in the COAST
* We utilise the Norton Risk Assessment
* We have our Member Annual Review process that identifies and reviews each element of the Help Plan
* We utilise our Program of Ongoing Monitoring and Review for ongoing monitoring of the health and wellbeing of each Member
* We report, investigate and trend pressure injury incidents, and monitor via the Care Governance Committee and Board
* Note - Via the dashboard we have identified a number of Members who may be at risk of pressure injuries. We have assigned a clinical team member to review each Member identified by 30th of September. Where risk is identified further assessment with the Norton risk assessment tool will be completed.
* Minimising use of Restrictive Practices (see also our response to Requirement 7.3.d for further actions in this area) - Identification, assessment and monitoring of risk
* We report, investigate and trend incidents related to unauthorised use of restrictive practices, and monitor via the Care Governance Committee and Board
* Managing Delirium - Identification, assessment and monitoring of risk
* We assess the need for and plan support via the Delirium template in the COAST/Help Plan
* We have our Member Annual Review process that identifies and reviews each element of the Help Plan
* We utilise our Program of Ongoing Monitoring and Review for ongoing monitoring of the health and wellbeing of each Member
* We refer to external specialist support where required, e.g. - DBMAS
* Becoming a leader in dementia is identified as one of six key priorities for the business this financial year (see above)
* We report, investigate and trend incidents related to behaviour, and monitor via the Care Governance Committee and Board.
* Managing Hearing Loss - Identification, assessment and monitoring of risk
* We assess the need for and plan support via the Hearing template in the COAST/Help Plan
* We have our Member Annual Review process that identifies and reviews each element of the Help Plan
* We utilise our Program of Ongoing Monitoring and Review for ongoing monitoring of the health and wellbeing of each Member
* Managing Hydration and Nutrition and Management of risks of choking
* Identification, assessment and monitoring of risk
* We operate this service as per our Mealtime Support Policy and Mealtime Support Workflow - see attachment.
* Becoming a leader in Dementia - Becoming a leader in dementia is one of Five Good Friends’ six key strategic priorities for the financial year. A whole of business project has commenced under the leadership of our Manager – Community Nursing with the intention of delivering organisation-wide role-specific training in dementia. A review of our quality management system and an internal specialist referral service to support Members, their families and Helpers.
* Factual inaccuracies: Seeking Advice on Care Staff Opening Bottles The report notes that "Management requested further information from the Commission in relation to what was in-scope and out of scope for care staff, as management was under the understanding that care staff opening bottles was within their scope of practice." We would like to clarify that this does not fully capture the nature of our discussion.
* First Aid and CPR Training - The report notes that The provider does not require all care staff to have first aid and CPR training and further states, Management advised it was not a risk that care staff did not have first aid training. The provider did not think it was important to have all care staff first aid trained and said it was not a requirement under the HCP manual, as it is under the Commonwealth Home Support Program (CHSP) Manual.
  + This does not accurately reflect our position or the discussion we had with the Assessment Team. Five Good Friends is an approved provider for Home Care Packages (HCP) and the National Disability Insurance Scheme (NDIS). We are not approved to provide CHSP services, and therefore, we have not explored the requirements set out in the CHSP Operations Manual.
  + As indicated in section 7(3)(d) of our response, Five Good Friends is committed to maintaining a suitably qualified, skilled, and trained workforce. Our approach is guided by the Aged Care Act, HCP Operations Manual and the Aged Care Quality Standards.
  + We recognise that many aged care providers offer both CHSP and HCP programs, which may make this information more familiar to those providers.
  + The Assessment Team confirmed that, while not explicitly stated in the HCP operations manual, it is expected that Home Care Package providers mandate first aid and CPR training for frontline care staff. Our query was aimed at understanding how such expectations are conveyed when they are not clearly outlined for a provider of only Home Care Packages.
  + Our Member’s ongoing care and safety is our top priority, we have ensured that our front-line care staff both understand and are supported to escalate any Member safety concerns to the appropriate clinical staff or paramedic resources as appropriate to the situation of the member.

The intent of this requirement is to ensure organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers. In managing high-impact or high-prevalence risks associated with the care of consumers organisations need to manage all risks related to care and services, some risks are more common and have a higher impact on the health and well-being of consumers.

In responding to the deficiencies identified in the Assessment Report against this requirement, I have considered the providers self-identification, and response with evidence of the following to make a determination.

The organisation have evidenced systems for identifying risks and incidents, minimising and managing risks and responding to incidents to support the safety and well-being of consumers. These systems have been evidenced (both within the providers PCI, and supporting evidence) to manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers.

Evidence that the organisation uses incident data and information to identify and analyse trends and common incidents, and that quality improvements are made as a result have been exampled.

As per supporting evidence in Requirement 8(3)(c) & 7(3)(d), the organisation applies effective organisation wide governance systems relating to managing high-impact or high-prevalence risks associated with the care of consumers.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided a comprehensive response with supporting evidence.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 8 Organisational governance.

Requirement 8(3)(e) The Assessment Team was not satisfied the provider had effective governance frameworks relating to adequate oversight of restrictive practices for consumers. The Assessment Team provided the following evidence to support their assessment:

* Sampled consumers were identified who had bed rails in place which the documentation review and consumers/representatives confirmed were used with consent and OT assessments were conducted.
* Additionally, the Assessment Team identified on the ECMS 19 consumers with the term ‘bed rails’ in their care plans, indicating *potential* use of bed rails.
* Evidenced workforce training on restrictive practice is not part of staff training, resulting in a lack of awareness of restrictive practices. Some care staff interviewed were aware of restrictive practices, once the terminology was explained, however, advised they had not received any training with the provider (see Standard 7(3)(d) for further information in relation to training).
* The evidenced Quality Framework, which is the provider’s clinical governance framework, has the definition of restrictive practice and outlines the provider’s role to recognise and minimise the use of restrictive practices, however, does not provide any further guidance. The incident management policy also outlines the need to report to the Commission inappropriate use of restrictive practices, however, this is not further outlined.

The provider provided the following in response.

* We acknowledge the findings detailed in the interim Quality Audit Report and appreciate the Assessments Team’s identification that a clinical governance framework was in place. We concur with the findings at the time of the interim report, specifically, the statement that the service is not able to identify restrictive practices and ensure appropriate training is in place to support staff in this identification.
* Whilst FGF concurs with the finding at the time of the report, below outlines the actions taken to date and additional initiatives that are in progress to support the identification of and training for restrictive practices.
* Specific to restrictive practices, As reflected in the report, FGF identified numerous actions that had partially commenced during the Audit. During and following the audit we have developed *and are now implementing* a comprehensive evidence-based approach to minimising the use of restrictive practices. The following actions have been taken:
  + Members with potential High Impact or High Prevalence Risks dashboard: As detailed previously, we have developed a Members with potential High Impact or High Prevalence Risks dashboard that identifies each Five Good Friends Member, based upon data from across their record, who may fall into one of these categories, including Minimising the use of restrictive practices, focussing especially on those utilising bed rails.
  + Each of these Members is now undergoing clinical assessment. Where indicated, we will then undertake a focussed assessment utilising our newly developed Restrictive Practices Assessment tool (see below) that we have created and embedded into Lookout, our client relationship management system. This activity will be completed by 30 September 2024.
  + Minimising the use of Restrictive Practices Workflow: We have reviewed and further developed our processes regarding the use of Restrictive Practices. A dedicated Minimising the use of Restrictive Practices Workflow was published on the 30th of August (attached as evidence and reviewed).
* This workflow outlines how FGF provides and promotes safe care, and minimises the use of restrictive practices. This workflow outlines our Objective, Key Information, link to the Aged Care Quality Standards, Definitions, Roles and Responsibilities, Types of Restrictive Practices and processes to assess, monitor and review the use of Restrictive Practices.
* This workflow also outlines the monitoring mechanisms in place via the care teams, Care Governance Committee and the Board of Directors (governing body) to ensure oversight of restrictive practices.
* Assessment Tool: In addition to the abovementioned Workflow, a Restrictive Practice Assessment Tool has been developed to evaluate the use of restrictive practices and identify any associated risks. This tool supports staff to consider practices that may be considered restrictive practice and identify appropriate next steps including referrals to suitably qualified allied and health professionals.
* This assessment tool is now being used to review, assess and monitor those Members with current restrictive practices (attached as evidence and reviewed).
* Training: FGF has mandated restrictive practices training for relevant teams within the FGF business, including:
  + Care Managed Care Teams
  + Care Coordinators and Care Specialists
  + Self-Managed Care Team
  + Care Navigators
  + Welcome Team
  + Care Planners
  + Onboarding Consultants
  + Community Registered Nurses
  + Community Coaches and Training Facilitators.
  + Quality Team
* The 6 training modules via Ausmed are scheduled for completion by 30 September 2024
  + Minimising Restrictive Practices in Aged Care
  + Restrictive Practices: Chemical Restraint in Australia
  + Minimising Restrictive Practices: Seclusion
  + Minimising Restrictive Practices: Physical Restraint
  + Alternative Strategies to Restrictive Practices in Aged Care
  + Bed Rail Assessment and Safety in Aged care.
    - Thus far, 50% of this staffing cohort has completed the mandated training.
* The training modules have also been added to the Induction Checklists of each role to ensure each new team members complete these as part of joining Five Good Friends.
* Additionally, the following improvements are planned:
  + Workforce education: On September 6th, a comprehensive communication regarding Restrictive Practices will be sent to all active 1,180 front-line workers. This initiative is designed to refresh and reinforce their knowledge and understanding of Restrictive Practices and minimising the use of.
  + Restrictive Practices e-Learning: We will be releasing a mandatory Restrictive Practice e-learning module to our front-line workforce by October 14th, 2024. This module is designed to enhance our staff’s knowledge of restrictive practices, including identifying the various forms, and the scope of their role including the need to notify FGF if restrictive practices are used (authorised and unauthorised).
  + Identification of Antipsychotic medications: A project is underway to update our Comprehensive Online Assessment and Sign-up Tool (COAST) to include antipsychotic medications as high-risk medication, thus ensuring the identification of these medications can occur and be appropriately documented including any risks associated.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service has responded to deficiencies identified and provided timeframes associated with implementing wholesale changes to address these deficiencies.

Though these strategies are yet to be fully embedded, results evidenced support an effective strategy. With the evolution of time, the resulting improvements should present themselves.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(e) in Standard 8 Organisational governance.

Requirements 8(3)(a) and 8(3)(b)

The service seeks feedback from consumers through 3 monthly satisfaction surveys, and through consumer inclusion in the consumer advisory body. Consumers are provided newsletters to keep them informed of changes in Aged Care. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the governing body meets regularly and considers operational reports presented by management. Feedback, complaints, incidents and deterioration reporting are part of monitoring, with reporting on subcontractors to be incorporated into the monthly governing body reporting processes.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a risk management framework inclusive of a risk register and risk management procedure and matrix. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

The organisation has an infection control plan and outbreak plans and all staff have received infection control training and refresher training. Training on restrictive practices is to be implemented as part of the review of the clinical governance processes. Open disclosure is used when things go wrong.

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 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)