**Performance**

**Report**

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| Name: | Forest View Childers Inc |
| Commission ID: | 700133 |
| Address: | 4 Morgan Street, CHILDERS, Queensland, 4660 |
| Activity type: | Quality Audit |
| Activity date: | 16 October 2023 to 19 October 2023 |
| Performance report date: | 24 November 2023 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 801 Forest View Childers Inc  
Service: 18199 Forest View Childers

**This performance report**

This performance report for Forest View Childers Inc (**the service**) has been prepared by K. Reed, 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 10 November 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Not 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 | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Information provided to consumers is required to be accurate, including budget and statement information.
* Complaints from consumers or representatives, regardless of how they are documented need to be captured, reviewed, and actioned.
* Organisational governance systems need to be effective in relation to feedback, information management and regulatory compliance.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives considered staff maintained consumers’ privacy and consumers were treated with dignity and respect and encouraged to maintain their identity. However, consumers were not provided information in a way that enabled them to make informed decisions about the way in which they received care and services.

Staff demonstrated knowledge of consumers’ cultural backgrounds and management described how they ensured interactions with consumers and staff remained respectful through feedback from consumers and representatives. Staff spoke about consumers in a way that was respectful and demonstrated an understanding of consumers’ personal circumstances and life journey. Staff confirmed they respected consumers’ identity and culture by understanding their needs and preferences. Management monitored staff interactions with consumers through the feedback and complaints process and care plan reviews, in which they sought feedback on staff behaviour and conduct.

Consumers’ individual identity, culture and diversity was recognised and valued. Staff described how the care and services they delivered were adapted for individual consumers to ensure the consumer felt valued and safe. While consumers’ cultural needs, including gender preferences for staff providing care, were not documented in care plans, staff demonstrated thorough knowledge of consumers’ cultural care needs and how they were respected when providing care.

Consumers were supported to make their own decisions about the services they received. Management and staff evidenced knowledge, awareness and understanding of consumers’ choices and preferences and described how each consumer was supported to make informed decisions about their care and services they received. Management ascertained consumers’ care and service choices upon commencement with the service, in consultation with their representatives, and reviewed their choices during care plan reviews.

Consumers provided examples of risks they took to live the life they choose and felt supported by the service to take any potential risks. The service had a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks, where required. Vulnerability assessments were conducted on all consumers upon commencement with the service and were updated as required. The assessment identified risk factors including whether consumers lived alone, lived in rural or remote locations, were socially isolated, had a cognitive impairment, limited mobility, or were highly dependent. Where risk factors were identified, strategies were implemented to mitigate these risks and supported consumers to live their best lives. The service conducted risk assessments of consumers’ homes to identify any potential risks to consumers and staff. Where risks were identified, the service consulted with consumers to identify strategies to mitigate these risks in accordance with consumers’ choice and preferences.

Information provided to consumers was not accurate or communicated in a way that was easy to understand. Consumer budgets and monthly statements did not include sufficient information to relate costs for services provided. Whilst many consumers’ home care package agreements included set costs for package management fees, other consumers’ agreements did not include costs for package management fees. Multiple consumers’ budgets and monthly statements included costs for staff travel time and kilometres travelled, however estimated and actual costs reflected a total cost and did not stipulate the number of hours, or the number of kilometres travelled. Other consumers’ statements included costs for additional third party services but did not provide sufficient detail regarding the associated costs.

The Approved provider in its written response included a continuous improvement log, which included actions to review Home Care statements to ensure they were clearer and easier to understand. Consumer and representative feedback will be sought in relation to the statement template, and compliance with financial requirements will be determined.

I acknowledge the actions and the commitment of the Approved provider to improve information provision to consumers and their representatives, however these actions will need time to be implemented fully and tested for their effectiveness. Therefore Requirement 1 (3) (e) is Not compliant.

Consumers confirmed their privacy was respected and the confidentiality of their personal information was maintained. Staff described various ways they ensured consumers’ privacy and confidentiality was upheld. Staff sought permission from consumers before entering a consumer’s residence or attending to any personal cares or services, including those that required physical contact. Consumer care documentation reflected consumers were consulted with and consent was sought for how their personal information was collected and utilised.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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

Assessment and planning were undertaken in partnership with consumers (or their representatives) and considered risks to consumers’ health including, high risk matters such as falls, self-managed medication, isolation and diabetes management.

Consumers and representatives were satisfied the service provided safe and quality care and services that met consumers’ needs and preferences. Assessments and care planning informed the delivery of safe and consumer-based care and services. The service’s clinical team managed the assessment and care planning system. The registered nurse met with consumers and their representatives to conduct initial assessments, which included risk assessments, and developed the care and service plan. The service had a developed a risk management procedure to guide management and staff.

Advance care planning and end of life planning was managed by staff at the adjacent hospital. Consumers and representatives were satisfied the service provided safe and quality care and services that meets consumers’ needs and preferences. The initial assessment process considered Advance care planning and end of life care. Care assessments and care and service plans reflected the preferences of consumers, however, most consumers had not completed the relevant sections about end of life care.

Consumers and representatives confirmed they participated in the planning and review of care and services. Clinical management and staff worked with consumers and representatives and other organisations, individuals and service providers when undertaking assessment and care planning. Records evidenced consumer and representative involvement in the planning of care and services and in ongoing reviews.

Consumers and representatives were satisfied with the quality of care and services consumers received. The outcomes of assessment and planning were effectively communicated to consumers. There was a system for the registered nurse to review the care and service plan with each consumer and then to keep a copy of the plan in a folder in the consumer’s home. Personal care workers demonstrated appropriate knowledge of consumers’ assessed needs and preferences. The service was in the process of transferring consumers’ clinical and care information from a system that used a combination of hardcopy records and an electronic care system to a new electronic care system.

Consumers and representatives were satisfied with the quality of care and services provided. Consumers said care and services were regularly reviewed. Care and service plans were reviewed on a regular basis or reviewed when consumers’ needs and preferences changed. Care staff were aware of consumers’ current care and service needs and preferences.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 were satisfied with the quality of clinical and personal care provided by the service to consumers. Staff demonstrated detailed knowledge of consumers’ needs, goals and preferences and described how the service ensured care was tailored to consumers’ needs. Care and service plans accurately described consumers’ personal and clinical care needs with sufficient detail to guide care staff in the delivery of care and services. The service had procedures to guide staff practices, including in risk management. Each consumer had a care and service plan that contained information about their health diagnosis and risks, plus relevant assessments, incident reports, care strategies and care review information.

Consumers and representatives were satisfied risks were effectively managed. Risk assessments were undertaken for high-impact or high-prevalence risks to develop strategies to minimise reoccurrence. The key risks affecting consumers were mobility and falls risk, self-managed medications, and isolation. Staff demonstrated knowledge of risk assessment processes and the strategies implemented to manage those risks. Care staff referred to consumers’ care and service plans or contacted the registered nurse if they required information on managing risks.

The service supported consumers nearing end of life by supporting the provision of end of life care provided by other organisations, such as specialist hospitals or the local hospital.

Consumers and representatives were satisfied consumers received the care and services that met their current preferences and needs. The service had processes to identify and timely manage a deterioration or change in a consumer’s health. Care staff were aware of how to recognise and respond to changes in consumers’ health.

Information about care and services was contained in two electronic care systems and in a hard copy file. Care staff said they accessed accurate and up to date information about consumers’ condition, needs, preferences and care strategies via the various information systems and through advice from the registered nurse. Non-care staff were satisfied they had sufficient information to complete their allocated tasks.

Consumers and representatives were satisfied with the quality of care and services provided, including referral processes. Consumers had access to a medical officer and other health professionals when required. Care documentation demonstrated consumers were referred to their medical officer and allied health specialists and care recommendations were documented in care and service plans.

The service implemented an infection control program. Consumers were satisfied with the quality of care and services provided. There were currently no consumers with significant infections. Staff were provided with training in infection control practices, and they had access to personal protective equipment

# Standard 4

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

Findings

Consumers and representatives expressed satisfaction with the services and supports for daily living, including the meal service and support to participate in the community and do things of interest to consumers. Staff understood consumers’ daily living preferences and provided appropriate support. Care and service plans assisted staff to deliver services and supports for daily living. Consumers were supported to attend a range of activities designed to promote their health, well-being and quality of life, such as social respite, visiting the hairdresser, going shopping, going on outings to the beach or visiting other towns.

Consumers and representatives were satisfied with care, services and supports. Staff understood consumers’ daily living preferences and provided appropriate emotional support. Care and service plans guided care staff to support consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives were satisfied with the supports provided to enable consumers to participate in the community, have personal relationships and do things of interest. Staff understood consumers’ daily living preferences and provided appropriate support. Care and service plans guided the delivery of services and supports that met consumers’ preferences.

Consumers and representatives were satisfied with the quality of services and supports for daily living. The service’s processes designed to communicate information about consumers’ condition, needs and preferences within the organisation and with others were effective. Staff had access to accurate and up to date information about consumers’ needs and preferences. The service used multiple systems to communicate consumers’ information as a new electronic system was being implemented. Care staff were satisfied they had sufficient information to deliver services that met consumers’ needs and preferences.

Consumers and representatives were satisfied with referral processes. Management described the process for referrals to other organisations and individuals involved in consumers’ care and services. Care documentation demonstrated consumers were referred to other organisations or providers of support services.

Consumers that received meals were satisfied with the quality, quantity, and variety. There was a process to identify consumers’ dietary requirements, including allergies and a process to support consumers to order meals of their choice. Meals were prepared at a kitchen managed by the Forrest View Aged Care service and delivered to home care consumers by home care staff. Dietary assessments identified consumers’ food preferences and food allergies and kitchen staff tailored meals to meet those preferences and needs. A meals list was prepared and used by both kitchen staff and personal care staff to prepare and deliver meals.

Consumers and representatives were satisfied consumers received safe and effective services for daily living including cleaning and maintenance. While limited equipment was provided by the service, consumers were assisted to purchase equipment to meet their needs. Staff ensured equipment such as motor vehicles were safe and well maintained.

# Standard 5

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| 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. | 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment, including furnishings and equipment, were observed to be welcoming, functional, safe, clean and well-maintained. Consumers who attended the centre, could freely access outdoor areas. The representatives of consumers who visited the service were satisfied with the environment. The service environment was observed to be welcoming and easy to navigate. The service had reception staff and appropriate signage to guide visitors.

The representatives of consumers who visited the service environment were satisfied with cleaning and maintenance. The service environment was observed to be clean and well-maintained. No hazards were observed. Visitors could move freely both indoors and outdoors. The service had a cleaning program and a maintenance program. Maintenance records evidenced an up-to-date maintenance program. The service had a fire alarm panel and fire sprinkler system. The fire panel was externally monitored, and no alarms or faults were evident.

The representatives of consumers who visited the service were satisfied with equipment safety and maintenance. Furniture, fittings and equipment were observed to be safe, clean and well-maintained. Maintenance checks were conducted on private vehicles used to transport consumers. The service had an equipment maintenance program. Staff could report equipment issues and request maintenance. Procedures were available to guide staff in the maintenance of plant and equipment.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not 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 were encouraged and supported to make complaints and provide feedback. Consumers confirmed they could make complaints and provide feedback and would have no concerns talking with staff or management if they wanted to make a complaint. Staff confirmed if a consumer raised any concerns regarding their care and services, they would report it to the home care services manager and assist consumers to complete a compliments and complaints form, where required. Management encouraged feedback from consumers and representatives during care plan reviews and ensured staff captured any complaints lodged by consumers whilst providing care and services.

Consumers and representatives were aware of external complaints and advocacy services, however, would prefer to manage any concerns or complaints directly with the service. Consumers and representatives were made aware of the complaints process, the Commission and external advocacy networks. A forum had been held with consumers and representatives with the Older Persons Advocacy Network, with a further forum to be held in November 2023.

Whilst the service had an established system for capturing, investigating, and responding to feedback and complaints, review of documentation identified multiple complaints which had not been documented or addressed. For one named consumer handwritten complaints lodged by the consumer had not been transcribed onto the service’s feedback and complaints register. The service was unable to evidence any follow-up action had occurred in relation to the named consumer’s complaints.

The Approved provider in its written response to the Quality audit report indicated they had written to the named consumers and apologised for not responding to handwritten complaints and have populated complaints form for each complaint raised by the consumer. The Compliments and complaints form has also been revised to include direct reference to providing feedback to the consumer. The Continuous improvement log submitted by the Approved provider includes several open actions to further improve complaints handling at the service. While I acknowledge the commitment and planned actions to be taken by the service in relation to complaints management, these actions will take time to implement and test for their effectiveness and suitability. Therefore, Requirement 6 (3) (c) is Not compliant.

Whilst the service did not have an established Plan for continuous improvement at the commencement of the Quality Audit, it was able to demonstrate that feedback received from consumers and representatives was used to improve care and services in accordance with consumers needs and preferences. Management advised, and consumers and representatives confirmed, concerns were raised regarding scheduling and delivery of care and services. Whilst these concerns were not documented, management were able to demonstrate feedback had been actioned.

The Approved provider in its written response to the Quality audit committed to remedying the Continuous improvement cycle with an improvement log. The improvement log was submitted as part of the response and contained information relating to the issue, the relevant Standard, the impact to consumers, the person responsible, the timeframe for completion and the status of the improvement.

# Standard 7

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

Findings

Consumers and representative considered staffing at the service was appropriate, advising staff arrived on time and were not rushed while providing care and services. Consumers and representatives and staff considered staff received appropriate training and were competent and capable in their roles.

The workforce was planned to enable the delivery of safe and quality care and services. Consumers confirmed staffing was consistent and the service notified them of any changes to their scheduled care and services. Management had contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences.

Consumers and representatives confirmed staff were kind and caring and were respectful to consumers. Staff described consumers’ backgrounds, culture, and identity and those people important to the consumer. Management monitored staff interactions with this requirement. Management regularly sought feedback from consumers regarding their care and services to ensure they were happy with their current support staff.

The workforce was competent, and members of the workforce had the qualifications to perform their roles effectively. Staff had the necessary skills to perform their role and were supported by management. Consumers and representatives confirmed that staff were well trained and met the needs of consumers in a friendly and helpful manner. The service had documented position descriptions that established the role, responsibilities and competencies required of various staff members.

The service had processes for the recruitment, induction, and onboarding of staff, as well as ongoing mandatory training. Interviews with staff evidenced a thorough knowledge of the mandatory modules completed. Staff advised they completed annually a number of online training modules, including, but not limited to respect and dignity, safe handling, food safety and infection control.

Management and staff demonstrated systems were in place to regularly assess, monitor and review staff performance. Staff confirmed they were regularly engaged in their professional development including opportunities to request specific training relevant to their role. Review of documentation evidenced performance appraisals were completed as per the service’s process, with feedback being provided and further supports being offered, where required.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not 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

Deficiencies were identified in areas of organisational governance including feedback and complaints management, continuous improvement and regulatory compliance.

Consumers confirmed they had the opportunity to provide feedback on care and services and management demonstrated the various avenues for consumers to be involved in the evaluation of care and services. Management described and provided evidence of ways consumers were supported to be engaged in the development, delivery and evaluation of care and services, including periodic consumer and representative and community forums, care plan reviews and through feedback and complaints processes. Consumers considered the service was well run and they could provide feedback and suggestions to management through multiple forums available at the service such as compliments and complaints forms.

The governing body promoted a culture of safe, inclusive, and quality care and services. Management provided examples of how the governing body monitored the service was compliant with the Quality Standards, and how the governing body ensured it was accountable for the delivery of quality care and services across the organisation. The service and Chief executive officer completed and provided monthly reports to the Board, including updates on operations, finances and risk. The Board used this information to identify the service’s compliance with the Quality Standards, enhance performance and mitigate risks, to monitor and take accountability for care and service delivery.

The service had effective governance systems in place relating to information management, financial governance, and workforce governance. However, established systems for feedback management and continuous improvement had not been effectively implemented and deficiencies in monitoring regulatory changes resulted in non-compliance with regulatory requirements.

All staff could access current policies and procedures from the service’s intranet page. Consumer care documentation and information was available through hard copy files which were in the process of being transferred to the new electronic system. All staff confirmed they had access to consumer care documentation and demonstrated a thorough understanding of individual consumer’s care and service needs.

While the service had an established continuous improvement framework prior to commencement of the Quality Audit, the service had no means for recording, monitoring and reviewing continuous improvement actions. Following feedback, the service established a Plan for continuous improvement identifying actions to be undertaken, their relation to the Quality Standards, the party responsible for completing the action, a timeframe and the status of the action. The Plan for continuous improvement will be reviewed quarterly at leadership meetings.

Management was responsible for managing the day-to-day budget for the service, and additional expenditure over the annual budget or changes to the budget were referred to the Board for approval.

The service had a workforce governance framework in place to ensure staff were skilled and qualified to provide safe, respectful, and quality care and services to consumers. The service had position descriptions and discussions in place for all levels of staff used to ensure areas of accountability were upheld by appropriate staff.

Legislative changes, industry standards and guidelines were monitored by the service through subscriptions to various legislative services and peak bodies including the Commission. However, management was unaware of price caps for care management and package management fees that had been introduced on 1 January 2023, resulting in all consumers with level 1 and level 2 home care packages being charged fees above the established caps. Management acknowledged the issue and advised they would immediately begin to identify affected consumers and provide refunds to said consumers for fees charged above the caps.

The Continuous improvement log submitted as part of the Approved provider’s response contains actions to monitor for regulatory updates. This process was not in place prior to the Quality audit.

Management provided documentation to the Assessment Team to evidence communication to consumers and representatives regarding the Quality Audit in compliance with its regulatory obligations.

The service had established systems in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. However, review of the service’s feedback and complaints register and other complaint documentation provided by the service identified a number of complaints had not been recorded or actioned as per the service’s policies and procedures.

While I acknowledge the commitment and planned actions to be taken by the service in relation to organisational governance systems, these actions will take time to implement and test for their effectiveness and suitability. Therefore, Requirement 8 (3) (c) is Not compliant.

The organisation had a clinical governance framework and policy which directed the service on how to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents. Consumers’ care documentation showed consumers were supported through consultation with care planning, to receive care and services in accordance with the needs and preferences, to enable them to live the best life they can.

The organisation had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Whilst the service had these policies in place, there were no consumers subject to restrictive practices and the prescribing of antibiotics is completed by consumers’ respective medical officers.

The clinical governance framework ensured safe and quality care to consumers, including reporting process, monitoring systems, analysing clinical indicators, and training provided to staff.

The open disclosure process at the service, was used in dealing with complaints and or incidents that occurred and management provided examples of how open disclosure had been utilised in managing complaints and used to improve processes and procedures within the service

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)