**Performance**

**Report**

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| Name: | Freedom Home Care |
| Commission ID: | 300320 |
| Address: | Suite 2, 93 York Street, LAUNCESTON, Tasmania, 7250 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7162 Freedom Home Care Tasmania  
Service: 17213 Freedom Home Care Tasmania - High Care

**This performance report**

This performance report has been prepared by V Stephens, 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 on 1 October 2024.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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 | **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.

Requirement (1)(3)(d)

* Ensure dignity of risk discussions occur and that these discussions and consent is documented.

Requirement (2)(3)(a)

* Ensure care documentation for individual consumers provides explicit guidance on how to mitigate specific risks.

Requirement (3)(3)(e)

* Ensure that information about consumer condition, needs, and preferences is documented and shared within the service and with other organisations involved in care and service delivery.

Requirement (8)(3)(c)

* Ensure care documentation reflects consumer condition, needs and preferences, are communicated to relevant stakeholders and consistently alert staff to identified risks and preventative strategies.

Requirement (8)(3)(d)

* Develop effective risk management systems and practices. Ensure care documentation consistently alerts staff to identified consumer risks and provide personalised strategies to manage same. In addition, ensure mandatory reporting obligations are understood and complied with.

Requirement (8)(3)(e)

* Develop, implement and imbed a clinical governance framework incorporating various clinical care considerations. Develop policies and procedures including minimising the use of restraint, antimicrobial stewardship and open disclosure.

# 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. | Not 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

The Assessment Team recommended Requirement 1(3)(d) was not met as dignity of risk discussions and subsequent consent documentation had not occurred for two sampled consumers. In their response to the assessment team report, the provider does not refute the Assessment Team’s recommendation. The provider states they have finalised a dignity of risk form which is now ready for circulation and have met with one consumer who was receptive to risk mitigation advice. While noting the provider has taken initial steps to ensure dignity of risk discussions occur and consent is documented where relevant, there is no evidence before me that these processes are embedded and consistently occur. Accordingly, I find the service is not compliant with Requirement 1(3)(d).

I am satisfied the remaining requirements of Standard 1 are compliant.

Consumers said the service is respectful in its interactions with them and that they feel valued. Care staff provided examples of how they demonstrate dignity and respect in their interactions with consumers. Management described completing initial meetings with new consumers to gain an understanding of their diversity and culture. Care documentation reflected that planning considers the individual needs and preferences of each consumer and captures their background and culture.

Consumers and representatives expressed satisfaction that care and services are culturally safe and that cultural preferences are respected. Staff explained how they deliver services in a culturally safe way and how they ensure they understand consumer backgrounds. The Assessment Team sighted information about consumer identity and background in care planning documentation.

All consumers confirmed they are supported to make choices and decisions about their care and services. Staff explained how they support consumers to make decisions and maintain relationships. Management described how consumers are empowered to direct their care and service delivery, involve whom they wish, and decide how information is shared. Care planning documentation evidenced that consumer preferences and choices are recorded and considered.

Consumers and representatives said they receive timely and clear information according to their choices and understanding. Staff described different strategies used to communicate information to consumers with varying needs. The consumer welcome pack includes information in relation to fees and services.

Consumers expressed confidence that their personal information remains confidential. Staff described procedures and strategies to manage consumer privacy and confidentiality. Electronic information is password protected, with care staff only able to access information and care planning for consumers whom they provide direct care and services.

# 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. | Not 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

Most consumers and representatives expressed satisfaction with how initial and subsequent assessments occur. Staff described, and documentation review confirmed that validated clinical tools are used to aid consumer assessment. Documentation review demonstrated that information collected through assessment and planning processes informs the delivery of safe and effective care most of the time. However, falls risk assessments are not always completed and falls strategies are not always documented. Management stated they are currently reviewing the assessment process to ensure risks are understood and used to inform personalised strategies. Assessment information to assist care planning includes medical history, home environment details, physical and social function, mobility, nutrition and cognitive function.

The Assessment Team recommended Requirement 2(3)(a) was met. However, in my assessment of Requirement 2(3)(a), I have also considered evidence presented by the Assessment Team in Requirement 3(3)(b) relating to care documentation for individual consumers which did not always provide explicit guidance on how to mitigate high-impact or high‑prevalence risks including falls, seizures and pressure injuries. As this evidence relates to deficits in documentation, I have considered this evidence under Requirement 2(3)(a). In their response to the assessment team report, the provider states they have a policy and procedure to manage falls, a copy of which is attached to their response. The provider states this policy and procedure is continuously updated along with care plan documentation. While noting the provider has taken some remedial action to rectify identified deficits in documenting risk strategies in care plans, no updated care documentation is provided for the three consumers identified as having incomplete risk documentation by the Assessment Team. Further, there is no evidence before me that processes for ensuring risks are adequately recorded in consumer care documentation are embedded and have been reviewed for effectiveness. Accordingly, I find the service is not compliant with Requirement 2(3)(a).

I am satisfied the remaining requirements of Standard 2 are compliant.

Most consumers and representatives said they are satisfied assessment and care planning reflected their current needs, goals, and preferences. Management and staff described how they approach sensitive discussions in relation to advance care planning. Documentation review demonstrated care plans were mostly tailored to meet consumer needs, goals, and preferences and recorded where consumers and/or representatives have declined or postponed assistance with advance care planning.

Consumers and representatives confirmed the service involves them and others they wish to be involved during assessments, care planning, and decisions. Staff described how they work in partnership with consumers, representatives, and other individuals and organisations. Consumer documentation mostly demonstrated assessment and planning involves the consumer, and others they wish to be involved in their care.

Consumers and representatives described the care and services they receive and confirmed they are offered a copy of their care plan. Care coordinators said they provide an information pack upon initial contact with consumers and confirmed care plans are offered upon assessment and provided on consumer request. Care staff said they access consumer information through a mobile telephone application. They said information includes important notes such as fall risk, as well as equipment, hazards, and task lists. Consumer documentation reviewed demonstrated most consumers or their representatives have signed care plans.

Consumers and representatives said the service regularly reviews care and services including when changes occur. Care coordinators explained they conduct care plan reviews annually or when there is a change to a consumer's care and service needs. Care coordinators said they have face-to-face contact with HCP level 1 and level 2 consumers at least every 6 months. They said they have face-to-face contact with HCP level 3 and 4 consumers on a quarterly basis. They also make monthly telephone contact with all consumers and/or representatives. Staff reported completing additional reviews and reassessments as requested or when circumstances change such as return from hospital or when there is a change in funding allocation.

# 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. | Not 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

The Assessment Team recommended Requirement 3(3)(b) was not met as while consumers said they feel safe and care staff described how they manage risks, care documentation for individual consumers did not always provide explicit guidance on how to mitigate high-impact or high-prevalence risks including falls, seizures and pressure injuries. As this evidence relates to deficits in documenting risks, I have considered this evidence under Requirement 2(3)(a). Consumers and representatives said staff make them feel safe. Care staff described how they manage high-impact or high-prevalence risks such as falls. Accordingly, I find the service is compliant with Requirement 3(3)(b).

The Assessment Team recommended Requirement 3(3)(e) was not met as the service did not consistently demonstrate that information about consumer condition, needs, and preferences is documented and shared within the service or with other organisations such as brokered nursing services. In addition, some representatives were not satisfied with communication between the service and other organisations. In their response to the assessment team report, the provider does not refute the Assessment Team recommendation. The provider states that they are currently reviewing their policy and care plans, and staff training is planned for late October 2024. The provider is taking positive action to ensure consumer care information is shared with others, however these actions are yet to be fully implemented. Accordingly, I find the service is not compliant with Requirement 3(3)(e).

I am satisfied the remaining requirements of Standard 3 are compliant.

Most consumers and representatives expressed satisfaction that personal care is tailored to their needs and optimises their health and well-being. The service provides personal care to consumers and clinical care is outsourced to appropriate allied health providers such as registered nurses and physiotherapists.

Consumers and representatives confirmed the service has open discussions with them about advance care planning and their end of life wishes. Care staff and management described how they supported a palliating consumer who chose to access voluntary assisted dying. The service has an end of life policy and procedure to guide staff in providing holistic and person‑centred care.

Most consumers and representatives said staff recognise and respond to deterioration or change in consumer health. Care coordinators described ways in which they respond to deterioration. Care staff demonstrated their understanding of consumers and their conditions, and said they raise concerns directly with the case coordinator. Care staff described how they respond and provide additional support to consumers with changed circumstances. They described escalating information to the care coordinator and calling emergency services for acute presentations.

Most consumers and representatives expressed satisfaction that the service initiates appropriate referrals, involves relevant external providers, and maintains communication throughout the referral process. Management described how they process and manage referrals to external providers and organisations. Management and the care coordinator described how they identify appropriate providers and organisations for their consumers, make referrals, create work orders, and then monitor progress as required. Documentation review mostly demonstrated referrals are made in a timely manner.

Consumers and representatives expressed satisfaction with the infection control measures taken by care staff visiting their home. They confirmed staff wear masks upon request. Management and care staff outlined a range of infection control strategies and confirmed some consumers have specific personal protective equipment (PPE) requirements. Care staff described how they must wear face masks while providing care and services to named consumers. Staff stated they have access to sufficient PPE and have completed hand hygiene training.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives reported the services they receive help them to maintain independence and quality of life. Care coordinators described how domestic and respite supports are provided to consumers to support them to maintain independence and remain at home.

Consumers and representatives expressed satisfaction that consumers’ emotional and psychological well-being is considered. Care staff described how they support consumers who are socially isolated by providing social support and companionship.

Consumers and representatives confirmed the service supports them to engage in social and personal relationships and participate in their community by doing things of interest. Care staff described how they help consumers maintain connections. Documentation demonstrated how the service gathers information regarding consumer preferences in relation to participation and maintaining relationships within their communities.

Consumers and representatives said staff understand their care needs and support preferences. Staff confirmed they can access information about support services for each consumer and verbal updates are also provided by care coordinators when necessary. Care staff said they can access an electronic system to upload care notes. Staff review notes to keep up-to-date and to communicate with care coordinators.

Care coordinators demonstrated an understanding of the external services available. Care documentation demonstrated referrals to a range of services and supports for daily living. Care coordinators described the service’s processes to identify appropriate services, individuals, and organisations to meet the needs of their consumers. They described how they formalise referrals to other services such as remedial massage and gardening. Documentation review demonstrated that consumers have been referred to other individuals, organisations, and providers.

The service does not directly provide meals to consumers. Consumers can source their choice of prepared meals and meal delivery which is then funded through their home care package. Consumers and representatives expressed satisfaction with the choice and quantity of the delivered meals. Management said consumers are given choice to receive prepared meals or are offered meal preparation support. Consumer documentation confirmed the consumer’s preferred option is recorded.

Most consumers and representatives expressed satisfaction that equipment provided is safe and suitable. Management explained consumer needs for equipment including mobility aids and home modifications are assessed at initial intake and if changes in consumer needs occurs. Care plans and work orders demonstrated consumers are referred for equipment support.

# 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers demonstrated an awareness of how to raise concerns with management. They described how the service conducts regular check-in calls to ensure satisfaction with service delivery and to request feedback or complaints. Care staff are aware of feedback processes and offer support to consumers if necessary. Staff described different ways that consumers are encouraged to provide feedback, including anonymously. Management described how the service supports consumers to make suggestions and complaints and provide feedback to the service directly. Consumers are provided with feedback and complaints information on commencement of services through the consumer information pack.

Consumers demonstrated an awareness of the external services available for them to raise concerns and escalate complaints. Staff and management described how they use internal and external resources to support consumers, including advocacy services. Information relating to advocacy and external complaint services is made available to consumers and their representatives. The service provides new consumers with brochures and information on external supports.

Consumers stated they are comfortable making complaints and believed action would be taken on their complaint. Care staff said they report any verbal feedback immediately to management if received. Not all interviewed care staff were able to describe the open disclosure process or had knowledge of the service’s policies and procedures. Management described the process they would undertake to respond and act on complaints. Documentation reviewed demonstrated the presence of a feedback register, feedback forms and policies and procedures relating to complaints, feedback and open disclosure. Review of consumer files and the complaints register evidenced that open disclosure and complaints resolutions are not consistently recorded.

Feedback and complaints reviewed by the Assessment Team identified the service is responding to feedback provided, with improvements occurring as a result. Consumers and representatives gave instances where their input improved the quality of care and services. Management discusses complaints and feedback, including process improvements during regular meetings and how they use feedback to inform improvements.

# 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 representatives said the service always provides staff who deliver safe and quality care. Staff said consumers receive the care they need. Management described different active recruitment processes including advertising for care staff on a recruitment platform every 3 months. The Assessment Team viewed the staff shift planner, noting consumer care is allocated on set days and within time blocks. Consumers are phoned when there are staffing changes.

Consumers and representatives said staff are very kind, caring and respectful. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Management described providing new staff ‘meet and greet’ shifts with consumers to ensure they are the right fit for the consumer.

Consumers and representatives expressed satisfaction staff are competent and sufficiently skilled to perform their roles effectively. Management reviews certifications, qualifications and police checks. Documentation includes position descriptions for care workers within the service which stipulates minimum qualification requirements and expectations. Contracts with employees include the disability services code of conduct and home care guidelines. For subcontracted services, the service signs a formal agreement reflecting that the provider has the necessary qualifications, registrations, insurance and identification.

Consumers and representatives were satisfied staff are competent and deliver quality care and services. Management and staff described the recruitment, onboarding and induction process. Recruitment for staff takes place via recruitment agencies and through partnerships with training institutes. The service has a training register for infection control, manual handling, medication management, first aid, working with vulnerable people and ensures care worker training remains up-to-date. However, completion dates for some staff training were not documented in the register.

Consumers and representatives were satisfied with the performance of staff and feedback on staff performance is addressed by the service. Management said staff have 30, 60 and 90-day reviews during the onboarding process as well as regular one-on-one discussions with management and annual performance appraisals. The Assessment Team reviewed performance management documentation for staff members and noted the service immediately acted on any performance issues.

# 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. | Not 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. | Not Compliant |

Findings

The Assessment Team recommended Requirement 8(3)(c) was not met as the service did not demonstrate it has effective governance systems relating to information management, regulatory compliance and feedback and complaints. In relation to regulatory compliance, the Assessment Team made a not met recommendation as the service’s contracts with brokers do not currently include a code of conduct. While I acknowledge this deficit, I am of the view that this alone is not sufficient to make a finding of non-compliance in relation to organisation-wide governance. I have considered other evidence presented by the Assessment Team relating to regulatory compliance, including that the service receives information on regulatory requirements through newsletters from government departments and subscriptions to service industry advisory groups.

In relation to feedback and complaints, the Assessment Team made a not met recommendation as while the service has a feedback and complaints procedure and a register, open disclosure and complaint resolutions were not consistently recorded. The service was not aware of this deficit until the Assessment Team raised it. While I acknowledge this deficit, I am of the view that this alone is not sufficient to make a finding of non-compliance in relation to organisation-wide governance. I also note that the Assessment Team recommended that Requirement 6(3)(c) is met.

In relation to information management, the Assessment Team made a not met recommendation as care documentation did not reflect that consumer condition, needs and preferences were documented and communicated to relevant stakeholders and did not consistently alert staff to identified risks, nor provide personalised strategies to prevent falls, manage skin integrity and manage other clinical issues. In its response to the Assessment Team report, the provider states that they anticipate information sharing will improve significantly in the next six months. While noting that improvements are planned, I have found deficits in care documentation, including the consideration of risks and strategies to minimise risks in Requirement 1(3)(d), Requirement 2(3)(a) and Requirement 3(3)(e) and I consider these deficits to be systemic at the organisational level. Accordingly, I find the service is not compliant with Requirement 8(3)(c).

The Assessment Team recommended Requirement 8(3)(d) was not met as the service does not have effective risk management systems and practices. Care documentation does not consistently alert staff to identified consumer risk and provide personalised strategies for risks such as falls and skin integrity changes. In addition, the service did not demonstrate it understood its mandatory reporting obligations. The service had not identified these issues. In their response to the assessment team report, the provider does not refute the Assessment Team recommendation and states the service has implemented a high risk falls policy which will be circulated; however, this is the only action taken by the service to date. Accordingly, I find the service is not compliant with Requirement 8(3)(d).

The Assessment Team recommended Requirement 8(3)(e) was not met as service is developing a clinical governance framework incorporating various clinical care considerations as well as developing policies and procedures including minimising the use of restraint, antimicrobial stewardship and open disclosure. The provider’s response to the Assessment Team report does not make any submissions in relation to this requirement. Given the service’s clinical governance framework is currently under construction, I find the service is not compliant with Requirement 8(3)(e).

I am satisfied the remaining requirements of Standard 8 are compliant.

Consumers and representatives said they are supported to provide input into how the service runs. Consumers described being asked for feedback by the service during regular telephone calls and reviews with care coordinators. Management described how they support consumers to be involved in service planning, development and evaluation of their care. Management outlined the progress of the consumer advisory body which now includes a consumer representative. The Assessment Team sighted the consumer invitation to the first meeting in September 2024.

Management described recently expanding the governing body to increase accountability for the delivery of quality care and services. The governance team includes an independent registered nurse. A governance team member said the service has commenced improvements following feedback. Clinical governance meetings are held quarterly and minutes from the most recent meeting include reportable incidents, complaints and feedback, and a plan for continuous improvement. The committee reviewed the service’s continuous improvement plan and current action includes reviewing care plans.

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)