**Performance**

**Report**

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| Name: | Future Life Care Services |
| Commission ID: | 301025 |
| Address: | 67 Sydney Rd, COBURG, Victoria, 3058 |
| Activity type: | Quality Audit |
| Activity date: | 23 April 2024 to 24 April 2024 |
| Performance report date: | 19 June 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9014 Future Life Care Pty Ltd  
Service: 27026 Future Life Care

**This performance report**

This performance report for Future Life Care Services (**the service**) has been prepared by K. Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others
* the provider’s response to the Assessment Team’s report received 15 May 2024 and 11 June 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **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.

Standard 8 Requirement (3)(e)

* Establish and implement an effective clinical governance framework.

# 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers and representatives confirmed staff treat consumers with respect and are provided dignified care and services. Staff described how consumers’ care and services are delivered with dignity and respect. Care planning documentation reviewed clearly identified what is important to the consumer in an inclusive and respectful manner.

Consumers and representatives advised staff have a good understanding of consumers’ cultural preferences and ensure culturally appropriate care and services are delivered. Staff described how ongoing conversations with consumers and their representatives allow them to provide culturally appropriate care. Management advised consumer cultural background preferences, including gender of direct care worker and primary language spoken is gathered upon intake and recorded. Documentation reviewed confirm cultural competency and respectful communication training is provided to staff. The service has a cultural safety action plan that guides staff practice.

Consumers and representatives confirmed consumers are supported to make and communicate decisions on their care and services and who they wish to involve. Staff provided examples of how consumers are consulted and their decisions on care delivery are supported and respected. Management described, and documentation reviewed confirmed, the service has a practice of involving consumers and those they wish to be involved in care and service decision making.

Consumers and representatives advised consumers are encouraged and supported to do things they might otherwise not feel confident to do. Staff described how they support consumers to take risks whilst maintaining their independence and to do things of importance to them. Management advised, and documentation reviewed confirmed, collaborative discussions with consumers and representatives are used to develop and document risk mitigation strategies to support consumer dignity of risk.

Consumers and representatives advised they receive information that is timely, clear, and accurate. Staff and management interviewed described ways in which information is communicated to all consumers (including those that face challenges communicating) using best practice templates and alternative language documentation. Documentation reviewed confirmed consumers are provided clear and timely information on fees, services and expenditure options.

Consumers and representatives were satisfied consumer privacy is respected, their personal information kept safe, and their consent sought prior to any information sharing. Staff demonstrated an understanding of respecting consumer privacy and confidentiality and described practical ways this is maintained. Management advised, and documentation review confirmed consumer consent to share information is reviewed annually.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

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

Consumers and representatives confirmed initial assessments completed included discussions on how best to support specific consumer care needs and identified risks. Management described, and documentation reviewed confirmed validated assessment tools such as, home risk, falls risk, skin integrity, nutrition, and mobility assessments are used to assess consumer needs and risks to inform the delivery of safe and effective care and services.

Consumers and representatives advised assessment and care planning discussions identified consumers’ current needs, goals, and preferences, including advanced care and end of life planning. Management interviewed, and documentation reviewed confirmed collaborative assessment and care planning discussions undertaken effectively identify consumers’ specific needs, goals, and preferences. The service provides information related to advance care planning and end of life care to consumers within a welcome letter.

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

Consumers and representatives advised they are consistently informed of outcomes of consumers’ assessment and planning and confirm receipt of consumer care plans. Staff verified they have access to electronic care plans which contain sufficient information to provide individualised services at point of care. Documentation reviewed confirmed consumer care plans are reviewed and signed off by consumers and representatives and made readily available in consumer home folders.

Consumers and representatives expressed confidence consumer services could be reviewed if needs or preferences changed. Staff described, and documentation reviewed confirm, how consumer care and services is formally reviewed annually and as required, such as when changes occur due to an adverse event or a change in the consumer’s health condition or personal preference. The service maintains a client reassessment template to ensure staff obtain adequate information during reassessment to identify any changes in care needs and management monitor consumer reviews in monthly management meetings.

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

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

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

Consumers and representatives reported satisfaction with the personal and clinical care consumers receive. Staff described providing competent and personalised personal care to consumers and confirmed no form of restraint was used during service delivery. Documentation reviewed confirmed tailored care plans for personal and clinical care are developed using best practice validated assessment tools conducted by a registered nurse.

Consumers and representatives expressed satisfaction with the identification and effective management of consumer high-impact and high-prevalence care risks. Staff demonstrated an understanding of the needs of consumers who are impacted by high-prevalence or high-impact risks and described following documented risk mitigating strategies in care plans whilst delivering care and services. Management advised staff are provided training and have access to a risk assessment training resource that guides staff practice in the management of high-impact and high-prevalence consumer risks, but the service did not have overarching policy in place to guide staff generally in the proactive management and prevention of these risks service wide. The lack of these overarching policies is addressed in Standard 8(3)(e).

Consumer representatives described high levels of satisfaction with the palliative care services and supports organised which ensured the comfort, needs and dignity of consumers was maximised and respected. Staff described providing dignified and respectful care and services in concurrence with palliative care provided by external parties. Documentation showed advanced care directive and end of life care wishes are discussed with consumers and representatives and appropriately implemented.

Consumers and representatives expressed confidence in staff’s ability to promptly identify and respond to consumer deterioration or change. Staff demonstrated knowledge of their responsibilities in reporting and documenting consumer deterioration or change. Management advised, and consumer files demonstrated shift notes are reviewed daily, and consumer deterioration noted appropriately actioned. Staff are effectively trained to note any deterioration, or changes related to dementia, nutrition, hydration and pain management, and act on these promptly with re-assessment for effective outcomes.

Consumers and representatives confirmed staff are well informed and expressed satisfaction with the way consumers’ needs, preferences, and choices are effectively communicated. Staff confirmed they have access to sufficient consumer information, such as care plans and shift notes to deliver safe and effective services. Management advised consistency of documented consumer information is upheld via a quarterly auditing process completed. Documentation reviewed show regularly communication on changing consumer needs and preferences.

Consumers and representatives expressed satisfaction with referral processes to access external services, such as occupational therapy, as required. Management described, and documentation reviewed confirm, timely referrals to allied health professionals are made and outcomes of recommendations appropriately actioned.

Consumers and representatives advised they were satisfied with infection control practices, such as hand hygiene, observed of staff. Staff confirmed they have completed infection control training and have required vaccinations. Management advised whilst the service does not prescribe antibiotics, the registered nurse monitors and provides oversight of consumers’ medication summaries. Documentation review confirmed an infection control policy and procedure is in place and infection and vaccination data is recorded, reported, and regularly reviewed.

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

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

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

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

Consumers and representatives advised individualised social support services provided to consumers contributes to their overall emotional and psychological wellbeing. Staff and management interviewed described strategies (such as assisting to source counselling services), to support consumers’ emotional and psychological wellbeing. Documentation review confirmed information related to consumer spiritual, emotional, and psychological wellbeing, including religious preferences and preferred social activities are included in consumer care plans.

Consumers and representatives described how service and supports provided assist consumers to remain active within their community, socially engaged and continue to do things of interest to them. Staff spoke of transport activities in place that assisted consumers to participate in their community, maintain important relationships and engage with things consumers like doing. Documentation reviewed shows how care planning documentation consistently outlined consumer goals for enhanced community involvement.

Consumers and representatives advised staff are knowledgeable of consumer’s condition, needs and preferences when delivering services. Staff expressed satisfaction with timely information received updating them of consumer condition, needs and preference changes. Management advised, and documentation review confirmed, consumer change information received from subcontracted providers and representatives is documented and appropriately disseminated.

Care planning documentation review confirmed collaboration with other individuals, organisations, or providers, such as cultural clubs and equipment suppliers to support the diverse needs of consumers.

Requirement 4(3)(f) is not applicable, as the service is not funded to provide meals to consumers.

Consumers and representatives advised they were satisfied with the suitability of equipment purchased and confirmed equipment needs are assessed by allied health professionals prior to purchase. Staff confirmed they have access to suitable equipment to assist consumers during service delivery and described processes to report faulty equipment. Management advised current agreements in place ensure all equipment is tested and trialled with consumers to ensure safety and suitability.

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

# Standard 5

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

Findings

Standard 5, Organisation’s service environment is not applicable, as the organisation does not provide a physical service environment.

# 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

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

Consumers and representatives confirmed they knew how to provide feedback and felt comfortable doing so. Staff described encouraging and supporting consumers to telephone the office to provide feedback. Management advised consumers are supported to fill out complaint and feedback forms as required. Documentation reviewed confirmed consumers are informed of various ways to provide feedback, such as raising issues verbally, by email or via a have your say form.

Most consumers and representatives said that they have been made aware of external complaint and advocacy options. Staff and management interviewed described ways they support consumers to access external parties, such as interpreting services, to raise and resolve complaints. Documentation reviewed showed preferred language consumer handbooks and brochures available include information about consumer rights to advocacy groups and external complaint handling options.

Consumers expressed satisfaction with the timeliness and considered actions taken to resolve complaints made to be appropriate. Management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer complaints. Management advised, as part of continuous improvement, consideration would be given to include offering an apology or expression of regret as part of standard complaint resolution practices when appropriate.

Consumers representatives reported satisfaction with the management of consumer feedback and complaints. Staff and management confirmed individual complaint and feedback forms are maintained within an electronic database and followed up to improve the quality of consumer care and services. Documentation review showed complaints are reviewed and reported back to the governing body and used to inform continuous improvement actions.

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

# Standard 7

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| Human resources | | HCP |
| 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

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

Consumers and representatives expressed satisfaction with consistent staff that are reliable and have adequate time allocated to provide safe quality care and services. Management advised workforce planning occurs based on consumer needs, including staff recruitment via employment sites and social media. Care rosters reviewed show consumers receive continuity of care by the allocation of ongoing regular staff.

Consumers and representatives described staff as kind, caring and respectful. Staff explained how they tailor care and services to the specific needs and preferences of consumers. Management confirmed staff have clear expectations on workforce interactions with consumers by reading and signing the Aged Care Code of Conduct.

Consumers and representatives were satisfied with the competency, skills and knowledge demonstrated by staff during care and service delivery. Staff described how their qualifications, experience and knowledge enabled them to deliver quality consumer care and services. Management advised, and documentation reviewed confirm, recruitment and selection processes consider the qualifications, registrations, skills and knowledge of staff required to meet role requirements.

Consumers and representatives described staff as well trained. Staff advised they were satisfied with induction and ongoing mandatory and optional training provided. Management stated staff training is developed through consideration of consumer feedback and complaints, needs and trends, incidents and any staff requests. Documentation reviewed confirm staff are provided an annual education calender, with completion of training evaluated by staff and recorded on training reports.

Consumers and representatives advised they are regularly asked for feedback by management on staff performance. Staff confirm their performance is monitored and receive both informal and formal appraisal feedback. Management described processes for monitoring staff performance, including that of subcontracted staff, through the feedback and complaint system and consumer surveys. Documentation reviewed confirm current completed appraisals and upcoming scheduled appraisals due are recorded in a staff performance register.

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

# Standard 8

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| Organisational governance | | HCP |
| 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. | Not Compliant |

Findings

This Quality Standard has been assessed as non-compliant as 1 of the 5 specific requirements is non-compliant for the service.

Requirement 8(3)(e)

The Assessment Team were not satisfied the service had an effective clinical governance framework in place. The Assessment Team provided the following evidence relevant to my finding:

* Management advised the service currently does not have a documented clinical governance framework in place to guide clinical care.
* There are no policies or procedures to guide staff in the provision of care related to falls prevention and management, skin integrity and prevention and management of pressure injuries, wound management, pain management, or behaviour management, including the management of responsive behaviours of consumers living with dementia.
* Management advised there are currently no consumers with complex clinical care needs. However, acknowledged complex clinical care may need to be provided in the immediate future and would consider the development of specific clinical care policies and procedures to guide staff.
* The organisation’s personal and clinical care policy includes the promotion of appropriate antibiotic usage and antimicrobial stewardship and briefly state that any form of physical or chemical restraint is only used as a last resort after consultation with the general practitioner, family or advocate, and where a program of regular review is put into place.
* The organisation’s feedback and complaints policy specify open disclosure processes will be used with a focus on outcomes.

In response to the Assessment Team’s report, the provider’s response included the following:

* acknowledgement, and acceptance, of the identified deficits as described in the Assessment Team’s report.
* engagement of an aged care consultancy firm to co-develop a comprehensive action plan, including, but not limited to, development initiatives, operational procedure enhancements, augmented quality assurance protocols and staff training.
* onboarding of an experienced clinical nurse tasked with developing clinical policies and procedures in falls prevention and management, use of restraint, skin integrity and behaviour management.
* enhancement of current documented policy and procedure definitions on antimicrobial stewardship, use of restraint and open disclosure.
* explanation of the intent that workshop sessions planned will ensure changes made are well understood and implemented in an appropriate and sustainable way.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response, which does not demonstrate an effective documented clinical governance framework is in place. I note that the intent of this requirement (*Aged Care Quality and Safety Commission 2018, Guidance and Resources for Providers to support the Aged Care Quality Standards*) is that this requirement should embody “*clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for consumers where organisations provide clinical care.*”

I find whilst the service demonstrates current practices ensure safe quality clinical care has been provided to consumers, the absence of a clearly defined documented clinical care framework does not set out the relationships and responsibilities that are required to maintain and improve the reliability, safety, and quality of clinical care.

I acknowledge the service has taken steps to implement and embed a clinical governance framework, however, I find plans in place are in their infancy and further time is required to determine the effectiveness of proposed changes required to implement an effective clinical governance framework.

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

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d)

Consumers and representatives described how the service seeks their views on service development, delivery, and evaluation. Management interviewed, and documentation reviewed confirmed consumer engagement and consultation is supported via the use of feedback and complaint forms, ongoing verbal engagement, and annual surveys.

A quality advisory group is in place that discusses the implementation of the organisation’s quality, safety and cultural goals and issues with compliance or service delivery. Minutes of management and quality advisory group meetings reviewed show the governing body considers reports on key performance indicators, consumer survey results, compliance, consumer and staff incidents and complaints and feedback.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.
* The organisation is in the process of transferring consumer information to a new care management software system that is expected to be operational by June 2024.

Continuous improvement

* The service has continuous improvement processes in place, which are sought from evaluation of feedback from consumers. Review of the continuous improvement register details source of improvement, actions taken, resolution or outcome and date achieved.

Financial governance

* The organisation’s Chief Executive Officer (CEO) regularly reviews and reports on the organisation’s income and expenditure. Compliance reports are submitted to the Department regularly and an annual statement is submitted to relevant bodies as required.
* HCP funds are monitored through an electronic software program and discussions are held with consumers and representatives to remedy overspent accounts.

Workforce governance

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

Regulatory compliance

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

Feedback and complaints

* Feedback and complaint forms are maintained within an electronic database and discussed at management meetings and quality advisory meetings to improve outcomes for consumers.

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

* A disaster management plan lists each consumer, their emergency contacts, mobility aids used, special needs including allergies and sensory loss.
* Care planning documentation reviewed confirm identified consumer risks are managed with individualised mitigating strategies that are discussed with consumers and representatives before implementation.
* Staff could describe what elder abuse and neglect look like and confirmed training on the identification and response to elder abuse and neglect has been completed.
* An accident and incident register are in place that show the timely reporting, investigation and actions taken to prevent or reduce the likelihood of incidents recurring for each consumer.
* Incident data was shown to be reviewed at management and quality advisory committee meetings.
* Incident management policies and procedures include reference to the Serious Incident Response Scheme (SIRS), which are provided to both staff and consumers.

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

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)