**Performance**

**Report**

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| Name: | Gippsland Southern Health Community Services |
| Commission ID: | 300752 |
| Address: | Koonwarra Road, LEONGATHA, Victoria, 3953 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 900 Gippsland Southern Health Service  
Service: 26252 Gippsland Southern Health Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8775 Gippsland Southern Health Service  
Service: 25987 Gippsland Southern Health Service - Community and Home Support

**This performance report**

This performance report for Gippsland Southern Health Community Services (**the service**) has been prepared by M.Waniczek, 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 13 May 2024 confirming further actions to support the services commitment to continuous improvement, specifically related to Requirement 3(3)(e).

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed the service is respectful of consumers. Staff spoke of consumers respectfully and knew each consumer’s life story and culture. Staff explained how they greet each consumer using their preferred name and listening to their preferences. This was supported by documentation which noted consumer needs, cultural background, preferences, and associated risks. Management explained inclusion and respect for all backgrounds and cultures were documented values of the organisation and outlined in key policies. The Assessment Team reviewed the services policies regarding treating consumers with dignity and respect and supporting a culture of diversity and inclusion.

Consumers and representatives informed the Assessment Team the service provides them with the opportunity to make decisions about their care, including those people they wish to be involved in decision-making. Staff described, and documentation evidenced, the service partners with consumers and representatives to discuss care options and develop care plans. Documentation reviewed showed the consumers admission pack includes a copy of The Charter of Aged Care Rights and a privacy form, to record consumer consent to share information with another service and/or the consumer’s representative.

Consumers and representatives were satisfied with how the service supports consumers to take risks and live their best life. Management explained how safety considerations are balanced with the consumers’ right to take risks. All staff undertake training in The Charter of Aged Care Rights and the service has experts who manage and/or escalate risks related to decision-making competency. A high-risk client register is being implemented and the service participates in the local shire’s vulnerable persons register which is used by emergency services.

Consumers and representatives advised the Assessment Team they receive clear and timely information from the service. The consumer information pack contains information about a consumer’s right to make choices and details of the HCP package, budget, and pricing schedule. Statements are issued monthly. Care plans are reviewed annually, or sooner if changes occur, in consultation with the consumer and their representative, with an updated copy provided.

Consumers and representatives expressed satisfaction with respect to privacy and confidentiality. Staff described their awareness of the importance of confidentiality in relation to consumers. Consumer information is shared electronically and in hard copy with authorised staff and external providers after obtaining consumer consent. Electronically stored information is password protected and hard copy information is kept in locked cupboards and rooms. The organisation’s policy and procedures outlined processes to safeguard consumer’s privacy and confidentiality and training is provided to staff.

# Standard 2

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed confidence that assessment and care planning considered risks to consumer’s health and well-being. Initial assessments are performed by case managers and include a review of the consumers aged care assessment service (ACAS) assessment, in consultation with the consumer and/or representative, whilst observing the consumer in their home. If additional clinical assessment is required, the case manager will refer the consumer to an appropriate health professional. Documentation demonstrated when referrals occur the outcome of clinical assessments are recorded in the services’ system and appropriate actions taken. Case managers also develop emergency plans with contact details and actions.

Consumers advised the service conducted an assessment which identified their current needs and goals, and most could recall being asked about their advance care directive (ACD) wishes.

Consumers and representatives advised they are involved in the development of consumer care plans. Case managers described the case conference process used to discuss complex situations, which includes the consumer and approved representatives and/or health professionals. A review of CHSP documentation confirmed that during assessments goals and outcomes are developed and the consumer receives a hard copy of the plan which includes review dates. Community support workers advised they don’t have remote access to consumer care plans but can access the consumers hard copy in their home. Community support workers do have access to the rostering application which contains key information, including consumer needs and preferences, tasks, and alerts.

Consumers and representatives confirmed care and services are reviewed regularly to meet the consumer’s changing needs. Reviews are conducted annually or when a consumer’s need changes. Documentation reflected frequent communication between consumers and case managers with file notes evidencing face-to-face conversations, emails, and phone calls.

# Standard 3

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal and clinical care received, confirming it is tailored to the consumer’s needs. Case managers complete a consumer assessment and then develop a goal-directed care plan in partnership with the consumer. Consumers are referred to external providers where further assessments are required. Staff advised they provide personal care that is aligned with consumers’ care plans and preferences.

The service identifies consumer risk via their assessment process and documents actions and referrals in the consumer’s care plan. The service is implementing a high-risk client register to allow greater identification and monitoring of consumers at risk.

The service provides end-of-life care to consumers in conjunction with the regional palliative care service. Case managers described working collaboratively with local palliative care to support consumers requiring end-of-life care in line with the service’s policies and procedures. Documentation demonstrated regular communication between the service and palliative care.

Consumers and representatives expressed confidence in how well staff know the consumer and the staff’s ability to identify a change in the consumer’s condition. Community support workers demonstrated an understanding of consumers and their conditions, advising the Assessment Team they raise concerns directly with the consumer's case manager. Case managers explained they respond to consumer deterioration by referring the consumer to an appropriate service or calling an ambulance. It is mandatory for all consumer-facing staff to complete annual basic life support training.

The Assessment Team noted the service has several information systems to coordinate consumer care, and management is exploring system and process improvements. The service liaises with and refers consumers to providers within and outside Gippsland Southern Health Service (GSHS). Communication processes are in place to ensure information is shared in a timely manner. Staff update GSHS systems by copying or transcribing all communication from providers into the services’ electronic system.

Following receipt of the assessment team report, the service provided supplementary information indicating they’ve strengthened communication with contractors by developing and implementing a communication tool. Contracted staff can complete a form to escalate any critical information to the case manager. A review will be undertaken in 3 months to evaluate effectiveness, with improvements made as required. This further demonstrates their commitment to continuous improvement.

Consumers and representatives confirmed they were satisfied the service initiates appropriate referrals when needed. Case managers demonstrated an understanding of referral networks and resources. Documentation reviewed showed referrals were facilitated by an electronic process, with the referral and the outcome documented in consumers’ care files.

Consumers and representatives were satisfied with the measures staff take to protect them from infection. Staff have completed hand hygiene and personal protective equipment (PPE) training modules. The service provides hand sanitiser and PPE, and staff are instructed not to attend work if they are unwell.

# Standard 4

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers, representatives, and staff described various activities and outings provided by the service that enhance consumer independence, health, well-being, and quality of life. Documentation confirmed the service has identified and detailed consumer needs, preferences, and goals.

Consumers and representatives said the service promotes consumers’ emotional, spiritual, and psychological needs, assisting them to access the community and do things of interest to them. Management explained how the planned activity group (PAG) provides social connection and recreational programs for consumers, within and outside the service environment. These activities include bus trips, group activities, games, and exercise classes that are designed to provide consumers with physical, social, intellectual, and emotional stimulation. Staff provided examples to support this. Care planning documents outlined each consumer’s emotional, spiritual, and psychological well-being needs, goals, and interests. It lists the people, activities and outings that are most important to them. The Assessment Team observed consumers participating in various PAG activities.

Staff advised they have access to the information needed to provide safe and effective care to consumers. Staff participate in verbal handovers, meetings, and phone calls to communicate care needs and changes. The rostering system displays tasks, alerts and consumer needs and preferences. A hard copy of the care plan, kept in the consumers home, is also available. PAG consumer dietary needs are recorded and located in the services’ kitchen.

The service demonstrated appropriate referrals to other organisations, individuals, and service providers occur in a timely manner. Consumers and representatives confirmed referrals happen promptly. Care planning documentation reviewed confirmed processes for appropriate and timely referrals are in place. Management explained the process of referrals to internal and external service providers. Internal referrals are made via the services’ electronic care system. External referrals are made as per the services’ policies and procedures.

Consumers and representatives provided positive feedback about the meals provided at the centre as part of the PAG program and those delivered to consumer’s homes via the meal delivery service. PAG provided meals were described by consumers as well-balanced, of the right temperature, and of high quality. Kitchen staff explained they are provided with information from the PAG coordinator with the names of consumers attending an activity, their food choices, allergies, and other dietary requirements. Consumer allergies and dietary requirements are double-checked by the PAG staff at the time of meal service. The service uses an electronic system for food service management. Documentation showed the service maintains a weekly menu, weekly meal ‘run sheet,’ temperature records, and logs for food, refrigerators, and freezers. The main kitchen where PAG sessions are held was observed to be clean, tidy, and well-equipped.

Consumers and representatives explained how the service supports consumers in purchasing and/or borrowing equipment and felt confident the service would assist in accessing repair and maintenance when required. Care documentation confirmed allied health professional assessments including those performed by occupational therapists and physiotherapists, were completed and recommendations of equipment provided. Case managers regularly check with consumers to ensure the equipment is working and remains suitable for them. Consumers advised equipment was appropriate, clean, and well-maintained. Staff clean consumer equipment as required and report issues or maintenance need. Management provided evidence of regular maintenance of vehicles used to transport consumers and consumers expressed satisfaction with the level of cleanliness.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives interviewed expressed a high level of satisfaction with the community centre, including that the environment was welcoming. The hospital, community centre, dining hall and communal areas had clear signage.

The Assessment Team observed consumers attending PAG sessions and consumers attending a Healthy Ageing and Prevention of Injury (HAPI) session were enabled to interact with each other. Consumers were observed socialising while participating in activities and exercises. A range of equipment was available for consumers to use.

Consumers and representatives who attended various centre-based activities said the service environments are safe and comfortable. The Assessment Team observed consumers moving around freely. The community centre building has access control, temperature control, and signage, including infection control. The community centre was clean. The garden area was well maintained with outdoor areas, including level pathways and access for consumers.

Consumers reported having access to suitable and safe equipment when they need it. Staff described the processes to monitor furniture, fittings, and equipment to ensure it is clean and maintained in order to be safe to use. Management and staff described cleaning and maintenance processes and systems. Documentation reviewed showed that the safety equipment testing, and maintenance was up to date.

The Assessment Team observed equipment in use in the PAG and HAPI sessions that was safe and suitable for consumers. Inspection confirmed that the service environment's furniture, fittings, and other equipment were safe, clean, and well-maintained.

# Standard 6

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are encouraged to provide feedback and make complaints and are supported to do so. They can inform the case manager or contact the independent external provider. The service has a consumer feedback policy.

Management advised consumers and representatives are issued a survey and the results are recorded in the service’s electronic care system and evaluated in team meetings and quality reports. The community can also provide feedback at the Healthy Connections forum.

Consumers confirmed the service supports them if they require an advocate, language service or another method for resolving complaints. Staff described discussing advocacy information as part of initial and subsequent assessment process. Information regarding advocacy agencies and interpreter and support services is included in the client information booklet.

Consumers and representatives advised when feedback is provided the service acknowledges, investigates, and resolves issues including apologising to the consumer when appropriate. A review of complaints recorded evidenced the use of open disclosure.

Most consumers were confident that the service would make improvements based on their feedback. Consumers described positive changes made to their services following complaints and feedback. Management confirmed feedback and complaints are reviewed monthly. A review of clinical safety and quality committee meeting and executive meeting minutes included discussion of feedback and complaints and demonstrated the use of data to identify trends to inform the service’s plan for continuous improvement (PCI).

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service plans its workforce include a team of case managers and community support workers, with internal and external brokered health services such as district nurses and allied health. The Assessment Team reviewed the April 2024 roster which demonstrated the workforce is planned on a weekly rotation, enabling a suitable number and mix of staff to support the delivery of care. The roster revealed unfilled or reallocated shifts were communicated to consumers.

Consumers and representatives were satisfied with staffing levels and the quality of care and services provided. Consumers confirmed they are contacted in advance when a shift needs to be rescheduled or staff replaced.

Consumers and representatives stated staff engage with them in a kind, respectful and caring manner. Staff described consumers in a personalised manner and demonstrated a sound understanding of and respect for individual consumers. Management described examples of providing staff in response to consumer requests. A review of consumer care plans showed they include communication cues to assist staff in respecting consumer diversity. The service has a range of policies and procedures which guide staff practice in the delivery of respectful and consumer-centred care.

Consumers and representatives were satisfied staff are competent and skilled to effectively perform their roles. Staff explained the process of onboarding including the requirement to provide the service with their qualifications, police checks and vaccination documents. A review of various position descriptions reflected the different roles, responsibilities and qualifications required. Staff records reflected up to date qualifications and police checks. Subcontractor records demonstrated signed formal agreements with the necessary qualifications, registrations, insurance, Australian Business Number (ABN) and identification information.

Consumers consider the staff have the appropriate skills and knowledge to deliver safe and quality care. The service requires staff to complete scheduled monthly and annual mandatory training modules. Staff training needs are identified through performance appraisals, regulatory updates, audits, complaints, feedback, and incident trends. The service organised targeted training for a range of modules including privacy and confidentiality, code of conduct and consumer engagement. Staff are encouraged to seek further education as needed. A review of staff training records contained training relating to hand hygiene, fire safety, infection control, manual handling, and falls.

Consumers were satisfied with staff performance. Management described the performance review procedure which includes a formalised appraisal, which encourages staff self-assessment, identification of professional development opportunities and structured feedback. The service has a range of policies to guide management and staff in performance management including formal and informal processes for monitoring and review. All staff participate in an annual performance appraisal and new staff at 3 and 6 months. Documentation reviewed reflected appraisals completed for all staff, except those on long-term leave.

# Standard 8

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service conducts surveys and encourages consumers to provide feedback. Consumer feedback, suggestions and complaints are used to develop improvements, evaluate current needs, and improve care and services.

The service is managed by staff, management, sub-committees, and a Board. The Board receives monthly reports on key clinical indicators, incidents, audits, and consumer feedback to enable monitoring and review of delivery of safe care and the development of strategic plans. This was evidenced via the review of the February 2023 Board meeting minutes.

The service’s information management is governed by policies including the ‘‘information provision policy’, ‘medical records documentation policy,’ and ‘documentation - nursing policy’. It uses an electronic management system to store consumer information. Staff can also access hard copy care plans in the consumer’s home.

The service has a PCI which is informed by incidents, complaints, committee and clinical outcomes, and consumer input. The ‘quality improvement policy’ outlines the framework for continuous improvement and includes actions, outcomes, and completion dates.

The service provides consumers with monthly statements that are straightforward and easy to read. A monthly review of statements by care managers identifies information on unspent funds, itemised expenditure, fees, and contributions which are discussed with consumers.

The finance, audit, and risk committee, maintain oversight of income and expenditure through regular reviews, operating activities, and estimates, including consumer expenditure and workforce budgets.

The service maintains records of competency and qualifications for staff and sub-contractors, with a system of monitoring and identification of qualifications or registration renewal. A review of documentation demonstrated mandatory staff training records relating to hand hygiene, fire safety, infections control, manual handling, diversity, falls, basic life support, and Aboriginal and Torres Strait Islander cultural awareness requiring annual completion were up to date.

Management advised the service receives updates related to legislative change and regulatory change and updates policies and procedures as needed. The service discusses changes with staff at meetings, provides notifications via email and displays them on the ‘quality boards’ within the service.

The ‘consumer feedback policy - compliments, comments and complaints procedure,’ outlines how complaints and feedback are captured, recorded, escalated, and resolved to inform the PCI and improve outcomes for consumers. The service partners with consumers, staff, and volunteers and practices open disclosure. It ensures the information received drives change and fosters a culture of openness.

The service demonstrated effective risk management practices including identification, reporting requirements, escalation, and review. The service identifies falls and vulnerable people as at high-impact and high-prevalence risk and is developing a high-risk client register. The service also contributes to the local shire’s vulnerable person register. A review of falls, incident, feedback, and complaint records, evidenced the service has a system in place to appropriately monitor, identify, manage, and report high impact and high prevalence risks, along with actions to ensure risk is minimised. Falls and vulnerable persons are discussed at meetings. Trends are identified and mitigation strategies put in place. Risk reports are provided to the Board. Incidents including those reportable under the serious incident response scheme (SIRS) are reported to the board, clinical practice review committee, the quality and risk committee and aged care quality committee.

The service has a clinical governance framework and quality management system, with organisational policies providing guidance on open disclosure, restrictive practice, and antimicrobial stewardship. Staff were understanding of open disclosure. Consumer and staff interviews, and documentation review, demonstrated open disclosure is routinely practiced. A review of documentation demonstrated policies covering The Assessment Team viewed the antimicrobial stewardship and restrictive practice.

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)