**Performance**

**Report**

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| Name: | Glenview Outreach EACH D |
| Commission ID: | 300285 |
| Address: | 2-10 Windsor Street, GLENORCHY, Tasmania, 7010 |
| 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 945 Glenview Community Services Inc  
Service: 17165 Glenview Outreach

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7498 Glenview Community Services Inc - Banksia Day Centre  
Service: 24407 Glenview Community Services Inc - Banksia Day Centre - Care Relationships and Carer Support  
Service: 24408 Glenview Community Services Inc - Banksia Day Centre - Community and Home Support

**This performance report**

This performance report for Glenview Outreach EACH D (**the service**) has been prepared by A.Cachia, 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 did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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

Consumers said staff treat them with dignity and respect, with three consumers sharing in different ways how they feel treated well by staff. Staff explained how they treat consumers with dignity and respect, sharing how they ensure they are aware of individual and cultural needs along with providing them with the opportunity to make choices, and listen to their needs and what they value. Sampled care plans identified what is important to each consumer, including their identity, care preferences, culture and background.

Consumers said that their cultural needs and background are understood by staff, which informs the services they receive and explained how they felt safe, supported, and respected. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with one staff member sharing how they were sure they completed training on delivering culturally safe services. Management said they have added cultural awareness training to the organisation’s training matrix as the current training is not mandatory for all staff. Management discussed and documentation showed consumers social and cultural needs are addressed during the assessment process, along with interpreter and translation services accessible and communicated to consumers on their monthly statements.

Consumers and their representatives said they are supported to actively make decisions about their care and delivery of services, and felt their independence was maintained. One representative shared how they make all decisions about the consumers care and services due to being appointed in a legal capacity to support the consumer. Documentation included information outlining consumer choices about care and services, and relationships, including support persons and representatives involved in supporting individual care needs.

Consumers and their representatives advised consumers are supported to live the best life they can by doing things they otherwise might not feel confident to do. Staff explained how they engage with consumers to help them maintain their independence by safely taking risks, including suggesting options to minimise risk while supporting consumers to participate in what is important to them. Management was knowledgeable of consumers at risk and provided examples of consumers on the risk register and vulnerable consumers list. Where consumer risk is identified, staff and management said they consult with the consumer regarding risk management strategies.

Consumers and their representatives said they are frequently provided with service information in various ways, which is easy to understand. Consumers said they receive monthly statements on time, which clearly outline itemised services and how staff would assist in understanding information provided. Staff and management described methods used to communicate information to consumers with reduced cognitive capacity. Management said consumers receive correspondence including roster information and a regular newsletter via email or accessible in a mobile application to enable consumers to remain informed.

Consumers and their representatives said consumers felt their privacy was respected, and personal information remained confidential, advising they had no concerns. Staff said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. One staff member provided an example of how they ensure a consumer’s privacy is maintained when delivering personal care by ensuring the ensuite door is closed. Management said the organisation has a privacy policy and privacy information is provided to consumers as part of their home folder and service agreement, along with a consent form to share information with those involved in the consumers’ care.

Based on the information summarised above, I find the provider, in relation to each 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 | 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

Consumers and representatives are satisfied with how services support consumer independence and quality of life, which was captured through the services assessment and planning process. Staff said, and documentation showed consumer information was readily available to guide staff in delivering services safely through the effectiveness of the assessment and planning processes, including risk assessment considerations and assessments. Management said the service undertakes assessment and care planning collaboratively with consumers, in their home or via telephone dependent on identified needs and whether a consumer is under HCP or CHSP, to ensure safe and effective service delivery. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified and mitigation strategies are documented. The provider has care planning policies and procedures, which outline how the provider undertakes assessment and care planning.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable clinicians to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals. One consumer described how the service has information on advance care planning and how they were supported to provide wishes to the service. Staff said they access information about consumer’s needs, goals and preferences via a mobile application to review the care plan, including information on medical conditions, allergies and mobility requirements. Management explained the providers process for advance care planning as part of the initial assessment and care planning process. The service has policies and procedures to guide staff on how to support and manage consumers nearing end-of-life.

Consumers and representatives said they are actively involved in the decision-making process when developing a care plan that meets consumers’ needs, including one consumer and representative who said they feel like a partner in consumers’ care planning. Staff said they work in partnership and collaborate with consumers by involving them in care planning discussions. Management said the organisation takes a holistic approach, coordinating care and services with external services and health professionals involved in consumers care providing recommendation letters to general practitioners to provide a multi-disciplinary approach to assessments. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including allied health practitioners and their representatives.

Consumers and representatives confirmed they are provided with a copy of the consumer care plan and said staff explain information about their care and services. Staff described how they provide services and support in alignment with the consumers care plan. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said the service reviews care and services, including in response to change in circumstances and deterioration. Staff said consumers’ care and services are reassessed regularly or when a change in circumstances occurs. Furthermore, consumers deemed higher risk receive quarterly telephone calls to evaluate how services are. Annual care plan review policies and processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences.

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

# 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

Consumers and representatives said they are satisfied with the personal and/or clinical care provided, with consumers describing consistency in staff delivering care and services supported their health and well-being. Staff demonstrated familiarity with the clinical care needs of consumers, including high impact or high prevalence risks associated with their care and describing how consumers are assessed as individuals. Management said each service uses a comprehensive clinical assessment system to ensure a best practice approach is maintained by assessing mobility, falls, cognition nutrition, personal hygiene management and changed behaviours. Each service maintains care documentation including general practitioner directions, nursing care plans and allied health assessments, detailing how care and services are required to be delivered.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Staff provided examples of how they adjust care and service delivery to consumers nearing end of life, including increasing their comfort through increased engagement with palliative care services. Management said the service accesses palliative services, regularly communicates with consumers general practitioners and maintain a holistic approach to consumer care by involving allied health professionals or nursing services. Sampled consumer documentation demonstrated that advance care planning is addressed and discussed with consumers to guide staff on consumers’ needs, goals and preferences when nearing the end of life.

Consumers and representatives said staff would identify and respond to consumer deterioration and change and explained how the service has assisted numerous consumers to access increased services, allied health or nursing services. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of most recent significant changes that occurred in their assigned consumers personal or clinical care needs. Documentation showed, and management said deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Numerous consumers said they never need to repeat instructions as or direct staff in how to deliver services. Management said the service ensures all staff have access to sufficient detail and information to enable staff to deliver personal and clinical care.

Consumers and representatives said the service has referred consumers to appropriate providers, organisations, or individuals to meet their service and support needs. Support worker staff said they share consumer information with consumers case managers who complete referral processes to external services to support the consumer’s needs. Management said the service refers promptly when involving My Aged Care, following identifying a consumer need. The service acknowledged that timely referrals are not always provided due to contractor restraints and demands within the geographical area, however management said they are looking at alternate contractual options to assist with home modifications.

Consumers and representatives said staff are always fully masked, wash and sterilise their hands. Staff said they are vigilant in their adherence to hygiene practices to reduce infection-based risk and complete a rapid antigen test before commencing the delivery of services. The service has a prevention and outbreak management plan to guide practices of infectious disease and mandatory infection and prevention training for staff to complete.

Based on this evidence, I find the provider, in relation to each 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 | 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

Consumers said and documentation reflected how consumers are supported to live healthy and social lives, which optimises their quality of life and their well-being through the social services received. Staff said they support consumers independence, health and well-being through providing support to access the community and access to mobility aids and equipment to increase independence. Management said each service ensures care and services optimise independence and consumers quality of life through seeking feedback from consumers, undertaking quality of care internal audits and consumer experience surveys. Sampled care plans identified examples of consumers supported to maintain their independence and quality of life in line with their goals.

Consumers confirmed their emotional and psychological well-being is supported and provided examples of how staff would recognise if they were feeling low. Staff said they sensitively support consumers by taking time to discuss any concerns and supporting consumers to access appropriate services. Furthermore, if staff had any further concerns when delivering services, they would observe and report on the concerns and follow the services policies and procedures in place to guide their practices. Sampled documentation outlined consumer information relating to the spiritual, emotional and psychological wellbeing of consumers, including religious values and social activities.

Consumers and representatives described how the service enables opportunity for consumers to participate in meaningful activities, including activity groups and receiving support to stay connected through social interaction and building relationships. One consumer said when they attend the social support group and overnight cottage respite at the service centre, they have choice in what they want to do. Staff described the importance of services for consumers that allows them to remain connected to their community and to do things of interest. Management said the service takes a holistic approach to individualised consumer care.

Consumers and representatives said they are comfortable talking to staff about their care and services, advising that staff are aware of consumer conditions, needs and preferences. Staff said they are aware of changes in care through consumer assessments and care plan reviews. Staff said they also ensure information related to services and supports for daily living are documented on consumer’s files and shared with other staff involved in the consumers care. Management said staff have access to appropriate systems to add and maintain progress notes and records, and staff update management via telephone when consumer needs change. Sampled care plans demonstrated care planning and reassessments completed annually with quarterly check ins for consumers at higher risk; maintaining open communication with all services involved in consumer care needs to ensure continuity of care is maintained.

Documentation, and consumers and representatives feedback showed referral processes are effective and timely and support the needs of the consumer. The service has policies and procedures to guide staff in the referral process and how information is recorded appropriately.

Consumers and representatives said they receive food that is of suitable quality and quantity, with consumer information relating to allergies, dietary requirements, likes and dislikes reflected in their care documentation. Staff demonstrated, and the Assessment Team observed staff actively seeking feedback from consumers and monitoring meals to ensure suitability and that needs and preferences were met. Management said staff are provided with basic food hygiene training on an annual basis. The Assessment Team sighted a menu on display with a selection of three food options available.

Consumers and representatives said they are satisfied with equipment provided to consumers, that is safe, suitable, and maintained to assist consumers in their daily lives. Staff said they complete safe manual handling techniques to best support consumers in using a variety of equipment available, including mobility equipment, lifting hoists and shower chairs. Staff were knowledgeable in what processes to follow in the event the service needs to organise repairs for faulty equipment. Management said equipment and modifications are purchased based on allied health assessments conducted and sought through appropriate suppliers to ensure all equipment is tested and trialled with the consumer, following allied health recommendations.

Based on the information summarised above, I find the provider, in relation to each 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 | 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

Consumers said they always feel welcome and safe, sharing how they find it easy to navigate and understand the centre-based and cottage respite service environments. The Assessment Team observed how staff ensure the service environment is always welcoming and encourages consumer independence and function by setting up each room the same way to not confuse consumers attending the programs. Service environment signage and functions were observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely, with consumers and staff sharing how they can move freely to the outside area. Staff said they maintain the cleanliness of the environment, utilising cleaning schedules and venue safety checklists, and were knowledgeable in how to report maintenance requests.

Each service has buses which appeared to be well-maintained, however the Assessment Team observed one of the buses visibly unclean after last use. Staff said that during COVID they utilised a cleaning checklist, however no formal checklist is utilised. Management acknowledged the identified issue as part of the organisation's continuous improvement register. Consumers said they are satisfied with the equipment provided by the service. In coming to my finding, I have considered the Assessment Team report and the organisation’s response during the quality audit, acknowledging one of the buses was not adequately clean and adding the issue onto the continuous improvement register. Subsequently, at the time of my decision, there is evidence that the organisation demonstrates majority of its service environments are safe, clean and well-maintained.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers and representatives said they are encouraged and know how to provide feedback and make complaints. Staff were knowledgeable of the feedback and complaints process, and said they support consumers and representatives by providing information on their rights, how to make a complaint and provide feedback. Management said, and consumers and representatives confirmed, the organisation has identified complaints trends relating to rostering times and allocation of staff, as consumers prefer specific staff to attend and complete services.

Consumers and representatives said they were aware of ways to receive advocacy support, referring to friends and family. Staff and management said they support consumers and representatives by providing advocacy service and complaints information in their home folder. Management explained that they provide services to consumers who are predominantly from English speaking backgrounds, however access to interpreter and translation services is accessible when required.

Consumers and representatives said they are informed about the service’s commitment to respond to their complaints in a timely manner and use of open disclosure principles. One consumer said, and documentation showed that when they’ve raised a complaint it is rectified quickly and reflected in their consumer file. One staff member said they were unsure if they received training on open disclosure, however, management explained how the service has a feedback policy, inclusive of open disclosure which is reflected in service’s training available to staff along with additional information at the service.

Consumers said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly, and improvements to care and service delivery are identified and implemented as a result. Management said improvements are actioned as a result of feedback and complaints and provided examples of service improvements made to the feedback process itself after identifying some complaints were not being recognised or documented accurately by staff in the quality management system. Evidence sighted by the Assessment Team demonstrated communication to all staff providing instructions to ensure all feedback and complaints that required action are captured, recorded and followed up appropriately. Management said that any trends identified are discussed with the quality and compliance manager and during quality and risk committee meetings within the organisation to seek consultation and resolve issues effectively.

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

# 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

Consumers and representatives were satisfied with the number of staff available, advising that they receive a copy of rosters in advance. One consumer said they requested a female support worker and if there is ever a change, they will likely cancel services, in which they receive an updated roster to reflect the changes. Staff said in different ways that the service allocates sufficient time to complete their work effectively. Management discussed workforce planning and analysis of workforce needs, by discussing amongst staff and executive operations, as well as monitoring the roster, to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, caring and respectful and are responsive to consumers’ needs, including that staff know their background and preferences, and are committed to their roles. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences. Furthermore, staff said they are guided by the consumer or their representative and are familiar with the cultural needs of individual consumers.

Consumers and representatives provided positive feedback that staff understood consumers’ needs. Management said staff and subcontractors have relevant qualifications, skills and knowledge to effectively perform their role, including the use of information from observations during supervision and buddy shifts to reflect on staff performance and feedback to identify workforce competency. Each service demonstrated, and the Assessment Team sighted position description in place outlining relevant qualifications and competencies required for each role. Staff explained how they have also completed relevant training to effectively perform their roles. Management said service agreements are in place with subcontracted agencies to ensure adequate and effective services are delivered.

Consumers and representatives said they are satisfied with staff skills and knowledge, advising that consumers felt safe and cared for when receiving services. Staff said, and the Assessment Team sighted that staff have access to ongoing training opportunities. Management explained mandatory and other training available to staff, describing how new staff are required to complete modules on commencement of employment and ongoing staff attend various forms of training which is reflected in the staff training matrix. Mandatory training and an induction and orientation program were evidenced for staff when commencing employment, along with access to position descriptions and completion of police checks.

Staff are required to undertake performance appraisals annually, with new staff completing six-month probation periods. Further support is provided to staff when there is a need for improvement. Staff said they have completed their performance management and review process, and one staff member said the discussion addresses ongoing training needs and opportunities. Management said they are guided by the services performance management and misconduct policy and procedure.

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

# 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

Consumers said they are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback through feedback forms and by speaking to staff or management. Staff consistently reported the service to be well run from their own experience. Management explained how they engage consumers through various mechanisms, including involving consumers on the services consumer advisory body as well as regularly seek input and feedback from consumers through feedback forms and consumer surveys to improve care and services.

The organisation’s governing body is comprised of a Board of Directors with a mix of skills, including an independent member and clinical member from a geriatrician background. Management said the Board meets monthly to ensure oversight of quality care and services is maintained by reviewing financial reporting, chief executive updates, and quality and compliance reporting inclusive of incidents, complaints and feedback, clinical governance report and updates to policies, procedures and continuous improvement. Consumers and staff said they are satisfied the service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by the organisation’s quality and risk manager to inform senior management and addressed in regular meeting mechanisms.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff training records showed staff have completed training on identifying abuse and neglect of consumers and were knowledgeable in the services reporting processes, including incident escalation. Management advised each service takes a balanced approach to risk management to enable safety, choice and maintaining a sense of self to ensures consumers live the best life they can, by understanding what’s important, which begins at the intake process where critical information is obtained.

Staff described how the services restrictive practice policy and procedure guides their practice and role to support consumers. Training documentation demonstrates staff are receiving training related to consumer deterioration, restrictive practice and open disclosure. Management said the service have a clinical governance subcommittee that meet bimonthly to review clinical data and trends, which then informs the Boards view on strategic decision making and learning opportunities. The organisation has a clinical governance framework that identifies roles and responsibilities, along with policies and procedures for antimicrobial stewardship.

Based on the above evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 8 Organisational governance.

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