**875Performance**

**Report**

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| Name: | Granite Belt Ethnic Health Liaison Service |
| Commission ID: | 700584 |
| Address: | 157 High Street, STANTHORPE, Queensland, 4380 |
| 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: 9005 Italian Australian Welfare Association (Granite Belt) Inc  
Service: 26626 Italian Australian Welfare Association (Granite Belt) Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7829 Italian-Australian Welfare Association (Granite Belt) Inc  
Service: 23762 Italian-Australian Welfare Association (Granite Belt) Inc - Community and Home Support

**This performance report**

This performance report for Granite Belt Ethnic Health Liaison Service (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 03 June 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | 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 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 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 and representatives provided positive feedback about staff, stating they were kind, patient, considerate and respectful. Staff described how they respected each consumer’s individual identity, culture, and diversity. Consumer care documentation included information on consumers’ cultural backgrounds and diverse needs and preferences. The service had policies related to dignity and respect, as well as an organisational code of behaviour, to guide staff and volunteers in treating consumers in a respectful and dignified manner.

Consumers and representatives described how staff provided care and services that were culturally safe and consistent with consumers’ cultural needs and preferences. Staff described how each consumer’s culture influenced the day-to-day delivery of their care. Consumer care documentation captured consumers’ cultural backgrounds and their individual needs and preferences. Consumer care documentation demonstrated staff gender preferences were documented in accordance with consumer’s wishes. The service provider had a person-centred care policy, which included a procedure for the provision of safe, inclusive and culturally appropriate support and services.

Consumers and representatives confirmed consumers could make decisions about their own care and services and could choose to have representatives involved in the decision-making process. Consumers were supported to maintain relationships of choice. Staff supported consumers to make choices. The service had policies, procedures, and training to guide staff in supporting consumers to exercise choice and independence. The choice, independence and quality of life policy provided staff with information to guide and support consumers in exercising choice. The HCP and CHSP agreements provided information to guide consumers and representatives in exercising choice and making decisions in relation to care and services.

Consumers and representatives confirmed staff listened and took their time to understand what was important to the consumer and respected the choices they made. Consumers stated their choices were supported, even where risk was involved. Staff described how they supported consumers to take risks to enable them to live their best life. Care documentation identified discussions regarding activities of risk and any strategies to support consumers to take risks were recorded in consumers’ individual care plans. The provider had an established choice, independence, and quality of life policy, to guide staff in how to support consumers to take risks when exercising judgement about how they lived their best lives.

The service had a number of consumers from an Italian background and English was not their first language. Where possible, the service utilised staff members who spoke Italian to support information sharing with consumers. Consumers and representatives considered the information provided to the consumer was current, timely and accurate. The consumer welcome-pack included the Aged Care Charter of Rights in English and Italian, to support consumers’ understanding of their rights. Consumers and representatives confirmed invoices were itemised and in an easy-to-read format, which was easy to understand.

Consumers and representatives expressed their confidence in how the service was protecting consumer privacy and confidentiality. Consumer information was stored in the service’s electronic care management system and paper-based information was stored in a locked room and cabinet. Staff maintained consumer information privacy and confidentiality. The service’s electronic system was accessed controlled, and password protected, and staff had access to consumer information and care documentation according to their role. The dignity of respect and privacy policies includes information to guide staff, ensuring they preserve the privacy and confidentiality of consumers. Staff completed privacy and confidentiality training, and this was corroborated by training records.

Based on the above information, this Standard is Compliant.

# 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 were satisfied the care and services provided met consumers’ current needs, goals, and preferences. Management explained how consumer risk was identified and how assessments are conducted. Care staff confirmed care planning identified consumer risks and provided direction to mitigate and deliver safe and effective care and services. Care planning documentation evidenced a range of validated clinical risk assessment tools were completed at service entry and when a change to a consumer’s need, goal or preferences occurred, including falls, behaviour, and medication. Consumers and representatives confirmed the service conducted assessments to identify consumers’ needs, goals and preferences and care and services were reviewed when risks were identified.

Consumers and representatives stated they were involved in identifying consumers’ needs and preferences and had day-to-day control of the services consumers received. Management advised and care documentation evidenced, there was discussion about a consumer’s end of life wishes when the consumer entered the service and during care plan reviews or if a consumer's condition deteriorated. Consumers and representatives confirmed staff support consumers’ ongoing health and well-being by taking time to listen and understand consumer goals and what changes were needed as consumer circumstances change. Care staff demonstrated an understanding of individual consumers’ needs, goals, and preferences and explained the process to escalate to clinical staff when a change in consumer needs, goals and or preferences was identified.

Consumers and representatives confirmed the service involved the consumer and other relevant individuals in the planning and delivery of care and services. The assessment and care planning process worked in partnership with other organisations, individuals, and service providers. Management regularly communicated the changing needs of consumers to support relevant care and services.

The outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and service plan, which was readily available to the consumer. Consumer care documents demonstrated the service consulted with consumers and representatives, and consumers’ needs and preferences were considered. Consumers confirmed they had access to their care documentation, either as a printed copy provided by the service or electronically via a client application on their handheld smart devices. Care staff had access to consumers’ care planning documentation through handheld smart devices and were alerted to changes in a consumer’s condition or needs.

Consumers’ care and services were reviewed regularly, including when circumstances changed, or incidents occurred that impacted the needs and preferences of the consumer. The review process involved consultation with the consumer and representatives to confirm consumer needs, goals and preferences and risk assessments, including falls, nutrition, pain and environment. Consumers and representatives confirmed individual needs, goals and preferences and the care and services consumers received were discussed on a regular basis with the service staff.

Based on the above information, this Standard is Compliant.

# 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 confirmed the personal or clinical care received, supported consumers’ health and well-being. Care staff described each consumer’s current personal and clinical care needs, and how each aspect of care was provided to meet those needs. This was supported and evidenced in the consumer’s care planning documents. Clinical care was provided by the service’s registered nurse, who worked with consumers’ medical officers and allied health professionals. Care staff reviewed care plans before providing care to consumers to identify any changes to routine. Care staff spent time getting to know the consumers for whom they provided care and services, to ensure the care and services provided were in accordance with each consumer’s care needs and preferences.

Staff at the service demonstrated an understanding of risk management, including high- impact and high-prevalence risks associated with the care of individual consumers. Care staff understood the risks that applied to individual consumers and the strategies adopted to manage and prevent reoccurrence consistent with information observed in consumer care documentation. Consumers care planning documents demonstrated appropriate assessments and referrals were being undertaken for the management of high-impact or high-prevalence risk including wounds and falls.

Consumers and representatives were confident staff would provide appropriate end-of-life care and services when the time came. Care documentation reflected that an advanced health directive was in place for consumers who chose to have one. The registered nurse supported consumers at the end of life, including provision of pain relief, having those people important to them with them, and passing away in line with their social, cultural, religious, and spiritual preferences. Consumers and representatives confirmed end-of-life wishes were discussed, questions were part of the initial consumer interview and care documentation evidenced information was confirmed during care plan review or when consumer needs, goals or preferences changed.

Consumers and representatives understood how to raise concerns about any deterioration in the consumer’s condition, health, or ability. Care staff were aware of the escalation processes when changes in a consumer’s condition were identified. Consumers and representatives were confident staff would identify a change in the consumer’s health status and follow the escalation process outlined in the care plan. Care staff recognised deterioration and reported any concerns to management.

Consumers and representatives confirmed staff provided consistent care and services and they provided consent for information to be shared. Information about care and services was provided in the electronic care system and could be accessed by staff using an application on their handheld smart devices. Care documentation confirmed care plans were updated by clinical staff with relevant information when consumers moved between care settings, such as between home and hospital. Care documentation demonstrated information was shared with allied health professionals and consumer representatives when there was a change in the consumer’s condition and there was documented consumer consent.

Staff at the service referred consumers to appropriate providers, organisations or individuals to meet consumers’ changing personal or clinical care needs. Care planning documentation demonstrated referrals to allied health professionals and other service providers occurred when indicated, in a timely manner and in consultation with the consumer. Consumer care documentation evidenced consumers were regularly referred to and provided care by physiotherapists, podiatrists, occupational therapists, and dentists.

The Quality audit report contained information the service did not have effective infection control processes as the service did not have a documented infection prevention control program including an outbreak management plan. Staff did not demonstrate an understanding of the application of infection control principles including outbreak management protocols. The Approved provider’s written response to the Quality audit report accepted the findings in relation to Requirement 3(3)(g) and commenced actions to address the non-compliance with this requirement. Actions taken by the service to address the deficits in Requirement 3(3)(g) have included the following:

* The establishment of an Infection control team consisting of 4 staff members including the Clinical care manager. Roles of the Infection control team include rolling out response actions in the event of an outbreak, conducting monthly spot checks on staff to ensure compliance with hand hygiene and the use of personal protective equipment, monitoring supplies of personal protective equipment and rapid antigen tests and providing training on donning and doffing of personal protective equipment. The members of the Infection control team will convene monthly to discuss Best Practice guidelines and updates:
* An Outbreak management plan was established comprising of the members of the team, key stakeholders, communication processes, prevention and preparedness strategies, response activation criteria, outbreak and stand down directives and response processes to a confirmed infection.
* An Outbreak response register was established capturing dates, infection details, case details, means of infection identification, actions taken and outcomes.
* The Infection control management plan was developed containing the purpose of the plan, services provided, infection risks and mitigation strategies, monitoring processes and training requirements.
* Outbreak kits were developed specific to the type of infection transmission. The kits would be distributed to workers providing essential services in the event of an outbreak.
* Mandatory standard personal protective equipment will continue to be provided to staff, and process to ensure compliance with personal protective equipment including inclusion in induction processes, documented in the staff handbook and impromptu monthly spot checks will be conducted.
* Rapid antigen tests will be distributed to staff to allow for self-testing in the event of a COVID19 outbreak. A register of expiry dates of the tests will be maintained to ensure continuity and currency of supplies.
* Additional infection control training has commenced with additional training sessions arranged.
* Consumer infections will be minimised by prevention of the spread of germs through education to consumers and staff, antibiotic administration education, continence and toileting education and monitoring of clinical responses to antibiotics.
* Written reference material will be provided on antibiotic usage to be discussed with consumers as part of the intake process including a questionnaire.

It is my decision these actions are sufficient and relevant to an effective infection control program and therefore, Requirement 3(3)(g) is Compliant.

Based on the above information, this Standard is Compliant.

# 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 and representatives confirmed staff were flexible and could modify services and supports to allow consumers to continue doing things of interest to them, including when they felt less able to participate fully. Care staff supported consumers in maintaining their independence and quality of life and engaged with consumers to ensure their preferences were supported. Care documentation outlined consumer needs, goals and preferences and provided direction for the way care staff were to provide care and service. Consumers’ care documentation included their goals and preferences relating to their care and services, including shower routine, meal preparation and cleaning services.

Consumers and representatives stated the service supported consumers to take part in community and social activities that aligned with their preferences. Services and supports for daily living promoted each consumer’s emotional and psychological well-being. Care staff understood what was important to the consumer and provided examples of how the well-being of consumers was supported. Care documentation evidence consumers’ preferences in relation to emotional, spiritual, and psychological well-being was assessed and incorporated into their care plan.

Consumers and representatives confirmed consumers were supported to participate in community activities including to go shopping and meet friends at social gatherings. Care staff provided examples of how services and supports were adjusted when a consumer’s situation changed to ensure the consumer’s needs, goals and preferences were still met. Care planning documentation identified activities of interest and the people important to individual consumers.

Consumers and representatives stated care staff knew consumers well and supported their needs and preferences. Care staff were updated on the changing conditions, needs and preferences of consumers as they related to services and supports for daily living through the service’s electronic care system, which staff could access via an application on their handheld smart devices. Care documentation demonstrated care plans included details of what was important to the consumer, their likes and dislikes, and family information.

Consumers and representatives were satisfied with the services and supports delivered by those the consumer had been referred to. Staff described the process for referrals to others, including ensuring any referrals were completed in consultation with the consumer. Care planning documentation demonstrated timely referrals to appropriate services and supports. Progress notes evidenced service referral discussion with consumer and representative and included evidence of consumers who were referred to brokered meal services to support nutritional requirements.

The service provided meals to consumers via a brokered arrangement with Meals on wheels and supported consumers to access a meal delivery service. Consumers expressed satisfaction with the quality and quantity of the meals and confirmed the meals met their needs and preferences. Care documentation confirmed nutritional assessments were completed at service entry and again reviewed when needs or preferences changed.

Consumers who received equipment said it was safe, suitable, clean, and well maintained. Where required, allied health professionals carried out assessments of consumers’ needs and prescribed correct therapeutic equipment. The service assisted with sourcing, procuring and maintaining therapeutic equipment. The service provider owned and managed a fleet of three vehicles which were safe, suitable, clean and well maintained for the function of consumer transport.

Based on the above information, this Standard is Compliant.

# 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 felt comfortable to provide feedback or make a complaint with the service. The service provided information to consumers and representatives about complaint processes, in consumer agreements and booklets. Staff stated if a consumer gave them feedback, they would include it in the notes section of the electronic care system or call the office if it was urgent.

The service provided information to consumers and representatives on how to access advocates, language services and external complaints processes. The service had a strong Italian community and engaged an Italian speaking Client relations and ethnic liaison officer to assist communication with consumers who did not have English as a first language. The contact details for external complaints mechanisms, translation and advocacy services including the Aged Care Quality and Safety Commission were available in consumer agreements.

Consumers and representatives were satisfied appropriate action was taken in response to feedback and complaints. The service had a complaints management and open disclosure policy to guide management and staff and a register of complaints was maintained by the service. Staff were aware of open disclosure processes and said they would always apologise if a consumer was not happy with something, or they were late to a scheduled visit. Management gave examples of actions undertaken by the service to address complaints and demonstrated open disclosure including communication with staff involved.

Consumers and representatives were satisfied the service reviewed complaints to improve the quality of service provided to consumers. The service documented formal complaints and reviewed this information to identify improvement opportunities. The service used a Plan for Continuous Improvement to record improvement activities.

Based on the above information, this Standard is Compliant.

# 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

The service had a care team consisting of a lead carer, 11 personal care workers, 2 social support workers and 5 domestic assistants. Care and services were delivered by the service’s staff with support from contracted staff. The service recently engaged an Enrolled nurse to support clinical care requirements. Care delivery for HCP consumers was overseen by a registered nurse. The Client relations and ethnic liaison officer oversaw care delivery for CHSP consumers. Rostering was coordinated by a rostering officer Monday to Friday. Staff had sufficient time allocated to complete tasks and consumers and representatives were generally satisfied with the workforce.

Consumers and representatives were satisfied staff were respectful, kind, and caring. Staff provided care and services in line with consumer’s needs and always listened to what consumers need when providing services. Workforce interactions were monitored through informal consumer feedback, surveys and undertaking care plan reviews.

Consumers and representatives were complimentary of management and staff, stating they knew what they were doing, and they felt confident they were competent in their roles. All staff understood the requirements of their role and demonstrated knowledge on where to access the service’s procedures. The electronic care system provided management and staff with reminder alerts when professional qualifications and national police checks were due to be renewed. This was monitored by the management team. National police checks for all members of the workforce that required them were current.

Consumers and representatives expressed satisfaction that staff were suitably trained to deliver consumers’ individual care and service needs. Staff completed various training sessions including management and prevention of skin tears, Aged Care Quality Standards, Serious Incident Response Scheme and incidents, challenging behaviours, Code of Conduct for Aged Care, and working safety in consumer homes. Staff completed initial training including code of conduct when commencing with the service and were provided with supervised shifts to ensure they were familiar with individual consumer needs. The service maintained a training register and coordinated 2 one hour workshops each month to provide clinical or service delivery training for staff, which was identified through incidents or complaints.

Consumers and representatives were satisfied with the performance of staff and other members of the workforce. If performance issues arose through complaints and feedback, management considered if additional training was required for a staff member or the workforce in general. The service monitored the performance of contractors through complaints and actively sought feedback from consumers during clinical reviews.

Based on the above information, this Standard is Compliant.

# 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

Management engaged with consumers and representatives in the development, delivery and evaluation of care and services. Consumer feedback was actively sought by management and was used to develop and improve the service. Consumers and representatives were satisfied with the quality of care and services provided by the service. Consumers confirmed they had been invited to participate in surveys and had received information about participating in a consumer advisory group.

A culture of safe, inclusive and quality care and services was promoted by management and was incorporated into the organisation’s procedures to guide staff and consumers. The organisation’s governance structure was designed to ensure accountability including a management committee comprising 12 voluntary members and met monthly to monitor service delivery. Operational service delivery was managed by an executive management team of 3, including Operations and Finance manager, Clinical care manager and Client relations and ethnic liaison officer, supported by administrative staff. In January 2024, the service established a Quality-of-care advisory body comprising of 4 members, as well the Operations and Finance manager and Clinical care manager. The chair of the advisory group was a local medical officer and the group met in March 2024. The advisory body will meet quarterly and report to the management committee to advise on actions to improve service delivery and performance.

The service had effective information management systems to effectively manage assessment, care planning and care delivery including an electronic application for consumers, who wished to utilise it, and staff to provide up-to-date rostering information. Consumers and representatives were provided with timely information to support service delivery, including monthly statements which were easy to understand.

The service maintained a Plan for continuous improvement to record areas for improvement identified through complaints and internal audits. Management and advisory group meetings demonstrate monitoring of the plan and planning of internal audits and workshops to identify areas for improvement.

The service had processes in place to manage the financial packages of consumers to provide timely budgets and statements to consumers. Management committee meeting minutes evidenced discussion on fees and service rates to ensure they were consistent for home care consumers. Package management and care management fees were below legislated management fee caps.

The service had position descriptions for staff to set out their accountabilities and responsibilities including code of conduct. Staff were provided with training in work safety procedures including infection control and working safely in consumer homes. Incidents were entered into the electronic care system for review by management.

The service had systems to ensure it is informed about the regulations it was required to meet as an approved provider of aged care services. Most relevant regulatory requirements were incorporated into the service’s policies, procedures and practices with staff informed about relevant regulatory requirements through the organisation’s procedures and training program.

The service had a policy to guide management and staff on complaints and open disclosure. A complaints register was maintained and captured formal complaints which was submitted to the advisory body for advice with their recommendations reported to the management committee.

The service had risk management systems and practices in place. High impact and high prevalence risk were effectively managed individually. The service implemented an incident register from April 2024 recording all incidents to obtain clinical indicator data to support systemic analysis and identification of trends and potential risks that may impact a consumer. All staff were provided training relating to the Serious Incident Response Scheme and identifying incidents. An initial assessment was completed with each consumer to identify individual needs and potential risks prior to the consumer receiving services to ensure services were tailored to support consumers to live their best life.

To support the delivery of clinical care, the service implemented an incident register to support identification of clinical indicator data which will be provided to the Quality-of-care advisory body, provided staff with training on challenging behaviours, provided consumers with information relating to antimicrobial stewardship in the orientation handbook. Management and staff were guided by the complaints and open disclosure policy.

Based on the above information, this Standard is Compliant.

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)