**Performance**

**Report**

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| Name: | Hayee Aged Care Services Pty Ltd |
| Commission ID: | 201460 |
| Address: | Level 1 Suite 1 215 George Street, LIVERPOOL, New South Wales, 2170 |
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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: 9804 Hayee Aged Care Services Pty Ltd  
Service: 27781 Hayee Aged Care Services Pty Ltd

**This performance report**

This performance report for Hayee Aged Care Services Pty Ltd (**the service**) has been prepared by Gill Jones, 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers/representatives described staff as kind, caring and respectful. Several consumers described how they felt valued and enjoyed being cared for by staff who spoke their language. Staff spoke respectfully about consumers and with an understanding of consumers’ personal circumstances and described how it influenced the delivery of consumers’ individual services. Care documentation included information about consumers background, important relationships and things that are important to them.

Consumers and representatives described what is important to them and how their services are delivered in a culturally safe way. Several consumers described how staff meet their cultural needs and they are very satisfied with the care provided. Support workers and care managers said they have received training in cultural safety and that it means treating everyone as an individual by understanding what is important to them.

Consumers are supported to make choices about their care and services, when family and friends should be involved, communicate their decisions, and maintain relationships of choice. Consumers/representatives said they are given choice about when and what services are provided, and that those choices are respected. One consumer described how his preference for a male worker was respected. Staff demonstrated knowledge and understanding of consumers’ choices and could describe how they support consumers to make informed choices about their care and services. Care documentation identified key consumer choices and decisions about care and services.

Consumers and representatives provided feedback in relation to how the service supports consumers to live their best life. One consumer described how the service supported him in his desire to travel back to his homeland whilst supporting him to understand the risks involved. Staff described how they support consumers live their best life by linking them with services that meet their needs. Support workers described the support and assistance measures to ensure consumers are as safe as possible while living their best life. The extent to which the service supports the consumer to take risks may differ depending on the services being provided.

Consumers and representatives interviewed said in different ways that they receive timely and clear information from the service. The welcome pack that is given to consumers included information on home care package services provided, fees and services, and information about My Aged Care. Information on advocacy, privacy, internal and external complaints is also provided. Information provided to consumers via email is written in English and the consumer’s preferred language. Consumers/representatives interviewed confirmed they have been provided with a copy of their care plan and budget and that they receive monthly statements.

Consumers/representatives interviewed were confident that the privacy and confidentiality of their information is maintained by the organisation. Support workers interviewed discussed the various ways they protect consumer privacy and information, for example never sharing consumers’ personal information with others. The service has a privacy policy and related processes informing staff of the safe collection, use, storage and disposal of consumers’ private information.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 1 fully compliant.

# Standard 2

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

Findings

All consumers and representatives interviewed were satisfied with the assessment and planning process they were involved in. Staff interviewed described assessment and care planning processes and the ways risks are considered and assessed. Validated assessment tools are used and appropriately applied to identify consumers’ individual needs and goals. For example, a falls risk assessment tool was used with consumers identified as having a falls risk. Whilst the service had identified potential risks to the consumer’s health and well-being, strategies to mitigate these risks were not always documented in each consumer’s care plan. The service has acknowledged this issue and agreed to update the identified care plans. Although individual strategies and interventions were not identified in consumer care plans support workers interviewed described familiarity with risks that needed to be managed and were able to discuss interventions and/or strategies needed.

Consumers and representatives interviewed expressed their satisfaction with the care that was provided to meet their individual needs, preferences, and goals. Care documentation showed consumers’ needs and preferences were captured, and advance care planning had been raised with consumers and representatives.

Consumers, their representatives and whomever the consumer wished to involve were satisfied with their involvement in the assessment and planning process. Consumers and representatives interviewed said the service enables their involvement by having case managers who are able to communicate in their preferred languages including Arabic and Vietnamese. Care planning documentation reviewed by the Assessment Team was signed by the consumer and/or their representative indicating their participation in the care planning process.

Consumers and their representatives were satisfied that outcomes of assessment and planning were communicated to them, and they had access to their care plan if needed. A care plan register is used to ensure care plan reviews occur and copies of care plans are provided to consumers.

Consumers were satisfied that care and services are reviewed regularly. Care documentation showed evidence of the service working with other organisations to deliver care when the consumer’s need changed. Support workers interviewed said care documentation is updated when changes occur, with case managers also alerting them of these changes. Education has been provided to all staff to recognise signs of deterioration and to report to the registered nurse immediately.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 2 fully compliant.

**Standard 3**

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

Findings

Consumers interviewed expressed satisfaction with the personal and clinical care provided to them. Management and the registered nurse described how they ensure best practice care is provided. Policies and procedures have been developed in relation to care provision that are linked to the Quality Standards and include other best practice sources. Support workers interviewed said they provide care that is tailored to the needs of the consumers and their wishes.

All consumers and representatives interviewed expressed satisfaction and confidence that risks associated with care are managed effectively. The service has identified falls, choking, medication error, and unplanned weight loss as their high impact or high prevalence risks for consumers within the service. The service has a register of vulnerable consumers. The support workers, staff and management are guided with a detailed policy and procedures handbook. Support workers interviewed described the strategies implemented to manage individual risks.

The service partners with consumers and supports their decision-making and encourages individual choices, particularly for consumers nearing the end of life if needed. Assessments are focused on the needs and preferences of the consumers. Support workers interviewed felt confident to provide care and support for consumers nearing the end of life if needed. The service has policies and procedures to guide staff on resources, advice, and guidance.

All representatives sampled expressed confidence that the service and their staff would identify and respond to consumer deterioration or change in a timely and efficient manner. Support workers demonstrated knowledge of their responsibilities in reporting deterioration or change in consumers to either the case manager or registered nurse immediately, calling emergency services if needed, awaiting handover from the service, and completing an incident report as appropriate. The service has policies and procedures to guide staff how to document and report consumer deterioration.

Information about consumers’ condition, needs and preferences are communicated within the organisation and with others responsible for care. Consumers and representatives interviewed expressed satisfaction that information is well communicated. Support workers said they receive sufficient information about each consumer they manage. The service actively communicates with others, internally and externally including general practitioners, social workers, hospital staff, and representatives to ensure the provision of safe and effective personal and clinical care.

Consumers and representatives interviewed said they are satisfied that when needed, the service enables appropriate individuals to be involved in the care and service delivery. Care documentation and the referral register evidenced referrals were made in response to an identified need, including to general practitioners, podiatry, occupational therapy, physiotherapy services, and respite and/or permanent residential care. Management and staff interviewed described referral networks and the processes.

Consumers and representatives interviewed were satisfied with the measures taken by the support workers to protect consumers from infection. A consumer verified that staff wear protective equipment when required. Support workers are provided with infection control training, personal protective equipment, and infection control protocols are implemented in alignment with the public health unit and South Western Sydney Local Health District.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 3 fully compliant.

**Standard 4**

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers/representatives were overwhelmingly positive and felt they are supported to be independent when receiving services. Staff and management described how services provided to consumers are tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life. One example of care provided was the service hiring a Vietnamese worker specifically to optimise the quality of life for a consumer. Another example included the service being flexible to meet the needs of a consumer to optimise their independence and their quality of life.

Consumers/representatives stated that staff know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management and staff demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and to promote their psychological wellbeing. Various examples were seen of the service meeting the psychological needs of consumers.

The service undertakes assessments and supports for consumers’ daily living by assisting them to participate in their community and to have social and personal relationships. Staff advised they use this information to help consumers determine and meet their goals. Care plans for consumers are developed to support them to do the things that are of interest to them. Hobbies and interests are documented in consumer care plans, however more detail could be listed for each consumer to further advise of what each consumer likes in more detail. The service recognises that many consumers are from the same religious background and so organise social gatherings to assist people in staying connected.

Consumers/representatives said the staff know them very well and they do not have to explain things repeatedly. Management and staff described the frequent and detailed verbal handover (via phone or in person) of consumer needs and any changes that occur. Management described the type of information included when referrals are made to allied health or other providers of care and services, evidence of this was seen in care documentation and service documentation. Support workers confirmed they are given care plans for consumers when the consumer is new, or new to them, and when there have been changes made to a consumers care plan.

Feedback from consumers described an effective and timely referral process. Care documentation evidenced timely and appropriate referrals are made in response to the support needs of the consumers.

Documentation viewed for sampled consumers confirmed that assistive devices and aids provided were assessed by allied health professionals and consumers were satisfied it was safe and suitable. Management and staff described how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations. Consumers/representatives interviewed said they can call the service if anything is wrong and that they are confident any equipment would be repaired or replaced if that were needed. The Assessment Team sighted the register of equipment provided with annual checks noted to occur on the anniversary of purchase.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 4 fully compliant.

# Standard 6

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

Findings

Overall consumers and representatives interviewed said that they can and are supported to provide feedback and make complaints. Management advised all consumers receive an information package which explains the complaints/compliment/feedback process outlining a consumer’s right to complain.

Consumers and representatives said they felt comfortable to raise any complaints or provide feedback with the service directly. Management advise consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. The ‘Complaints Policy’ described external supports available to consumers to raise complaints and general feedback. The training programs for staff on complaints management show staff are educated on the role of external agencies including aged care advocacy services and the Commission.

Consumers and representatives’ feedback on their experience of the complaints management process is good. A sample of complaints records show there was contact with the consumers or representatives to find options to resolve the complaint in a timely manner. Management report that a complaint is not closed until resolved with the consumer and they apologise to the consumer and representative and discuss alternate arrangement. Staff training has been provided in complaints management and open disclosure. Staff involved in complaints management were able to describe the concept of open disclosure.

Consumers and representatives said the service seeks their feedback regularly about the services they receive. They are invited to provide suggestions through client surveys and regular contact with staff and Management. Management described how they use the information from surveys, feedback, and complaints to gain an insight into the quality of their service. The CEO manages the complaints register and reviews and reports to the board and shareholders. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted some correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 6 fully compliant.

# Standard 7

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

Findings

The number and mix of workforce members delivering personal and nursing care are sufficient to deliver safe and quality services to consumers requiring personal and nursing care and services. Most consumers interviewed provided positive feedback regarding staff and said they receive care and services from two or three of the same support workers and they are very happy with the staff. They said if someone is sick other staff cover those services. Some consumers said they preferred to reschedule services in order to have a same support worker. They said they have not missed any important appointment or personal care due to staffing issues.

Management advised, and consumers confirmed the service is employing staff from culturally and linguistically diverse backgrounds that match that of the consumers. Consumers and representatives confirmed staff treat them with respect and are responsive to their needs. The Assessment Team observed staff at the service interacting with consumers in a kind, caring and respectful manner.

The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Management described how they ensure staff have appropriate qualifications, including registrations as part of their monitoring process. Consumers and representatives confirmed they felt staff were competent. Consumers interviewed stated that staff know what they are doing.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction processes. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. Staff described completing relevant training and being supported in their role.

The service has a performance appraisal system in place for staff. Regular assessment, monitoring and review of the performance of most members of the workforce is undertaken. Staff confirmed they were supported in their performance review process during meetings or post incidents and found it a useful process. Management provided examples of how staff are supported and said processes are also in place regarding performance management when needed. An annual performance appraisals tracking tool is in place.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 7 fully compliant.

**Standard 8**

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

Findings

Consumers and representatives provided examples of where they have provided feedback to the service, including through consumer satisfaction surveys. Most consumers and representatives sampled expressed satisfaction with the quality of the service and have given examples of how the service is delivered to meet their diverse needs. Some consumers and representatives said the service provider has improved the system regarding monthly statements based on consumer feedback. The trends and themes from the survey results are analysed and together with feedback and complaints data, are provided to the CEO.

Most consumers and representative sampled said they are satisfied the service provider promotes a culture of safe, inclusive, and quality care and the services is accountable for their service delivery. Management advises the service has organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive, and quality care and services across the organisation. The governing body is supported by an experienced team and is responsible for monitoring risk and quality in relation to care and services. Reporting processes occur through the meeting structure to provide information and advice to the governing body to meet responsibilities and to maintain oversight. Based on discussions with management and an analysis of the information provided by management, including meetings minutes, copies of reports, strategies to address the client information management issue and continuous improvement plans; the governing body demonstrated they are accountable for and committed to promoting a culture of safe, inclusive, and quality aged care services. The CEO is aware of the current incidents and complaints and has oversight of the continuous improvement plan (CIP). Improvements driven by the governing body include rolling out of the new client information system which will integrate the system with a templated design to capture the consumer’s assessment, care plan and review in one document which incorporates the consumer story.

The service has shared drive where policies and procedures can be accessed and has a wide variety of other communication systems. The support worker can access consumer information to facilitate their visit from case manager through emails, messages and phone. All information related to consumer care is stored safely and backup systems are in place to ensure information is not lost in the event of an IT issue. The service has strategic planning and continuous improvement processes in place. Continuous improvements are sought by the service staff via feedback surveys (consumers and staff), staff meetings, review of management systems including staff performance, incidents, and complaints. Improvement registers sighted specific services developed against the standards. Feedback is provided to executive management for purposes of inclusion in overall strategic plans via the various business units.

Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body. All consumers receive monthly invoices for their services. The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements, including meeting police check requirements. The Assessment Team sighted the roles and responsibilities of CEO and general manager (GM), for example, approving budget and monitor expenditure, approving key policies.

Management receives regular updates from government bodies on regulatory information, which is monitored by the CEO, GM, case manager and implements changes as needed in partnership with the relevant business unit. Information is fed down to relevant managers and staff through regular meeting, emails, training, policies, and procedures. Processes are in place to address feedback and complaints.

The service has an incident management policy and incident management register. The policy outlines the recording, escalation and tracking of action. Staff are supported by management if they identify any abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Management and staff were able to identify high risk consumers, including those with special needs, cognitive and functional difficulties, and limited supports through care plan. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting staff who understand them and know of their needs.

Management advised their Clinical Governance Framework outlines the level of responsibilities for all employees. Staff interviewed were aware of antimicrobial stewardship but advised they are not usually involved in this directly as generally consumers liaise directly with their GPs regarding the use of antibiotic prescribing. The service practises open disclosure and this forms part of the services overall monitoring and evaluation strategy.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 8 fully compliant.

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)