**Performance**

**Report**

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| Name: | Home at Heart - Riverina |
| Commission ID: | 201288 |
| Address: | 136 Fitzmaurice Street, WAGGA WAGGA, New South Wales, 2650 |
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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: 8957 Home at Heart Pty Ltd  
Service: 26433 Home at Heart

**This performance report**

This performance report for Home at Heart - Riverina (**the service**) has been prepared by S Turner, 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 | **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 one

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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 said they were treated with dignity and respect. Staff were able to identify consumers from varied cultural backgrounds and explained how consumers’ cultural identity was recorded and accessible through the consumers’ care documentation including assessments and support plans. Staff felt they knew consumers as individuals and were observed interacting respectfully with consumers and their representatives over the telephone.

Consumers and representatives said care and services were culturally safe and while consumers from diverse backgrounds were interviewed, none said they had specific cultural requirements they needed to be met and were satisfied with the care and services they received. Management said the service strived to roster consumers and staff that speak the same language to establish rapport and connection. The service provided evidence of how it has supported consumers’ spirituality, for example arranging transport for them to visit the cemetery and attend church services, where this was important to consumers.

Consumers and representatives said they felt supported to exercise choice about the care and services provided to consumers. Consumers provided examples of how staff discussed their care and service needs with them and provided them with options. Staff said they spoke with consumers when they arrived in their homes about the service they would be providing at each visit. They said this enabled consumers to provide input and communicate if they had a specific need or preference.

Staff said they supported consumers to take risks and described strategies that were implemented to create a safe space for consumers to take risks while minimising potential impact. Staff provided examples of how consumers were supported to safely garden, hang out washing and participate in exercise classes. Consumers and representatives expressed confidence in the service supporting consumers in a situation where a consumer chose to take risks in their day-to-day life.

Consumers and representatives said they received monthly statements that were itemised and easy to understand. They were confident that if they had a query about the monthly statement the care coordinators would be able to assist them.

A privacy and confidentiality policy outlined staff responsibilities in ensuring the privacy and confidentiality of those in their care. Staff provided examples of how they ensured consumers’ personal information was kept safe. They said they did not talk about consumers with others who were not directly involved in the consumer’s care. All staff had individual logins to access consumer personal information on their electronic devices. Consumers and representatives were satisfied with the way consumers’ privacy and confidentiality was supported.

For the reasons detailed, I am satisfied Standard 1 is 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

Consumers and representatives provided positive feedback on assessment and care planning processes and the support and services consumers received. They confirmed consumers were involved in an assessment that included discussions of their needs, goals, and preferences. The service used a suite of validated assessment tools and risk assessments were completed for each consumer during the development of support plans. All consumers and representatives said the staff knew them well and provided support that met their expectations. Staff and management identified consumers’ individual needs, and the support and services unique to each consumer. Care coordinators (who are also registered nurses) said they work with each consumer to develop goals and identify what consumers would like to achieve to be safe and independent at home. Risk assessments were completed at the initial assessment and each review included a risk profile addressing risk to self, risk to others, and a home safety risk assessment.

Policies and procedures guided staff in relation to assessment and planning processes and care planning documentation was detailed, current and reflected consumers’ individualised needs, goals and preferences. Consumers and representatives provided examples of the types of care and services provided that ensured consumers received the care they wanted. Management said advanced care planning is briefly discussed with consumers at commencement of service and during review processes and some consumers confirmed they had been involved in this discussion.

Consumers and representatives stated they had decided on the care and services consumers received. All consumers and representatives reported the service made it easy for them to be involved in the process and encouraged them to make decisions about the services. Management said they ask consumers if they would like someone else present during assessment, planning and review processes and encouraged family involvement if appropriate, and respected the consumer’s choice. Care coordinators described how they work with other service providers where appropriate and evidence of this was brought forward in the Quality Audit Report.

Assessment and planning was effectively communicated to consumers and representatives and was documented in consumer support plans. Consumers and representatives said the care coordinators go through the support plan and service agreement with them to ensure their understanding before it is signed and confirmed they had access to the support plans. Staff stated that support plan information was available to them at point of care via a mobile application and that they can receive information via emails and phone calls.

Consumers and representatives said reviews of care and services were conducted on a regular basis. They said if they needed to make changes to their services, they felt comfortable contacting the care coordinator to discuss options. Staff were able to describe the review processes and said they refer to the mobile application and notes for any updates, and if they were unsure, they contacted the care coordinator for clarification. Staff said they talked to the care coordinator if they felt a consumer needed more services or assistance and had previously done this. Management said support plans were reviewed comprehensively every 12 months with additional reviews occurring every three months for consumers receiving higher packages. Management said all consumers were contacted monthly either via a phone call or a drop in visit to check in with the consumer and identify if they have any concerns.

For the reasons detailed, I am satisfied Standard 2 is 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

The service had policies relevant to Standard 3 to guide the delivery of personal and clinical care including general assessment processes, wound management, medication management, emergency management plans, restraint and restrictive practice.

Consumer and representative feedback was positive in relation to clinical care and personal care services. Clinical care was provided by staff with nursing qualifications and where a consumer had complex needs, support was able to be accessed from community nurses.

Staff said they assisted consumers to maintain their independence by tailoring care to their needs and by assisting them with their personal and clinical care and ensuring they do as much or as little as the consumer wants them to do. One staff member provided an example of how they attended wound care and worked in consultation with the consumer’s medical officer and a community nurse; they said they documented all care in the consumer’s notes and photographed the wound to monitor the wound healing.

Management described how professional staff such as registered nurses, physiotherapists and occupational therapists were registered and participated in ongoing professional development. Care documentation demonstrated clinical oversight to ensure care delivered was best practice and met consumers’ needs and optimised their health and well-being.

Management said high impact and high prevalence risks were identified formally during assessments and when they interacted with consumers. They said once risks were identified, they were assessed, and interventions were implemented and evaluated. Most consumers and representatives were satisfied care was safe and right for the consumer and were satisfied with the management of high prevalence or high impact risks associated with consumers’ care. Staff could describe how they managed risks to consumers’ health and well-being and were aware of how to report incidents. The service had an incident register that was reviewed regularly and incidents such as falls were analysed to identify trends.

Management described the way the service supported consumers who were approaching end- of-life; this included working with the local palliative care team. Staff and management said consumers are supported in a way that ensures their needs, goals and preferences are known and their comfort is maintained. Most consumers reported having discussions about end-of-life care planning with staff when they entered the service and during reviews and reassessments.

Consumers and representatives were confident the service would identify and respond to a change in the consumer’s condition. They provided examples of how staff had identified and provided support after identifying changes in mental health or following a period of hospitalisation; one representative said staff ‘go above and beyond’ when caring for consumers. Staff said they documented any changes or concerns in the consumer’s health and well-being and were aware of their roles and responsibilities for managing and escalating deterioration in a consumer. Management said changes in consumers can result in investigations, reviews by the nursing team and further assessments. Care documentation confirmed that strategies to manage consumers following an incident such as a fall or change in their health were documented where a need had been identified.

Consumers and representatives stated staff knew what they were doing, and they had not needed to repeat instructions or direct them. Management said clinical staff have access to accurate and current documentation including support plans and nursing assessments at the point of care. Staff said consumer information held in the mobile application is detailed and provided enough information to carry out care safely. Care planning documentation demonstrated information was shared with others, where appropriate, including for example registered nurses, medical officers, multidisciplinary teams and aged care assessment teams.

Management and staff described referral processes and said referrals are made in a timely manner and are reviewed by the care coordinators; evidence of this was seen in care documentation. Management stated that a referral is followed up if not responded to within four days. Consumers confirmed the service made referrals when there was a change in their needs.

The service was prepared for an infectious outbreak including COVID-19 and had a suite of policies and procedures relating to infection control including hand hygiene, standard precautions, and personal protective equipment. Staff said they have access to personal protective equipment and receive regular infection control training. Consumers said staff wear masks and gloves where appropriate and they had observed staff practising hand hygiene within their homes.

For the reasons detailed, I am satisfied Standard 3 is 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Services provided included personal and clinical care, domestic assistance, assistance with shopping, and transport to community activities and appointments. Consumers and representatives provided feedback about how consumers received services that supported them to do the things they wanted to do, maintained their independence, and optimised their health, wellbeing, and quality of life. Consumers provided examples of being assisted with showering, dressing and involved in social activities; they said this supported them to stay living at home which was important to them. Staff understood the types of services and supports consumers required and this information was reflected in consumers’ care documentation. Consumers’ support plans were written in a way that was consumer focused and included consumers’ individual interests, needs and preferences, including personal goals.

Consumers and representatives advised consumers enjoy services and feel comfortable, happy, and safe with the staff. They said staff check how they are at each visit and if they have any concerns this is reported to the care coordinators. They said consumers build relationships with the staff and provided positive feedback on how being socially connected supports consumers’ emotional well-being. Staff knew the consumers and their needs and described strategies, techniques, and referral processes that were used to assist consumers when they were feeling low.

Consumers and representatives provided examples of opportunities consumers have been given to build and maintain relationships, pursue activities of interest to them and participate in their community. This included going to coffee shops, church events, clubs, shopping centres, art galleries and nurseries, and visiting people in residential aged care services or out in the community. Care documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ general individual interests and preferred activities. Care planning documentation reflected individual emotional and psychological needs where appropriate.

Consumers and representatives spoke highly of staff and were satisfied the service had sound communication systems in place to ensure staff understood their needs and were aware when changes occurred with their care. Staff described the communication processes that support their knowledge of the consumers; this included emails, the mobile application, phone calls, support plans and staff meetings.

Management gave examples of how they had worked in collaboration with multidisciplinary teams and with other community groups to ensure consumer needs were being met in a timely manner. Staff could describe the process for referrals to others, including ensuring referrals are completed in consultation with the consumer.

With respect to meal services, management said consumers have a choice of two to three services that provide meals. Management said they ask consumers who receive meals for feedback informally, annually and at reviews. Consumers and representatives who received the meal services said they are happy with the meal service. Consumer feedback included ‘there is lots of variety,’ ‘I can’t fault them’, and the meals are of ‘great quality’. Meal planning documentation and brochures included nutritional facts and information about food intolerances and food allergies. There was a wide variety of meal options available to consumers to ensure appropriate meal selection for individual consumer needs.

Consumers and representatives were satisfied with the equipment provided to consumers through their home care packages and had no concerns with the quality or safety of the equipment being used to provide care and services to consumers. Most consumers, representatives and staff said they notify the service when equipment needed servicing or repair. While there was no regular servicing scheduled on some items provided such as shower chairs, staff inspected the equipment regularly and reported if anything was required in relation to servicing needs.

For the reasons detailed, I am satisfied Standard 4 is Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers who attended the centre provided positive feedback about their experience with the service and the service environment. Consumers said they felt welcomed and experienced a sense of belonging to the group. Staff described how they ensure the environment is easy for consumers to navigate and prepare the activities before consumers arrive, so that they have the option to choose which activity they may like to undertake. Staff said some consumers enjoy just catching up with their friends. The group activity room was observed to be a large light filled open space; bathrooms were near the activity room and were signposted. Tea and coffee making facilities and water were accessible.

Consumers said the service was clean, well maintained and accessible and this was confirmed by the Assessment Team. Staff said they ensure the area, chairs, tables, and equipment are wiped clean before and after each session. Emergency lights, exit signage and fire equipment inspections were completed regularly. Doors to the service remained open and all consumers were welcomed upon arrival into the centre; staff were observed assisting consumers to bathrooms, as necessary.

Consumers said they felt safe at the centre. They said that the group activity area, along with the cars they travel in are clean and well maintained. Consumers said the chairs are comfortable and the height of the tables supported them when doing activities. Staff said that cars are inspected daily with any concerns addressed in a timely manner. Car insurances, registrations and servicing records were current; cars carried items including personal protective equipment, first aid kit and fire extinguisher.

For the reasons detailed above, I find Standard 5 is 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

Consumers and representatives were satisfied with the way the service supported them in providing feedback. They were aware of how to provide feedback and felt comfortable calling the service or speaking with staff. Coordinators reported they supported consumers to make complaints and provide feedback to the service by providing them with contact numbers, email, and office addresses. They explained they asked for feedback during reviews and monthly check-up calls to consumers and recorded any feedback and complaints. Staff were familiar with complaints processes and said they encouraged consumers and representatives to speak with the service or obtained their consent to raise their concerns to management.

Policies relevant to complaints processes provided guidance to staff. Staff were familiar with the translating and interpreting service, advocacy services, and the Commission’s complaints hotline. Advocacy brochures were available in the office and were provided to consumers. Feedback and complaints information was available in languages specific to the consumer population.

Consumers said their complaints were actioned and resolved and the service had apologised when things went wrong. Staff and management were familiar with the principles of open disclosure and said they offered an apology to consumers and worked to resolve the consumers’ complaints in order to achieve a satisfactory outcome.

The service demonstrated how complaints received were recorded in the feedback and complaints register and used to identify trends which resulted in continuous improvement and an example of this was provided.

For the reasons detailed, I am satisfied Standard 6 is 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

All consumers and representatives reported staff arrived when expected and consumers did not feel rushed. Staff described having enough time allocated to complete their tasks and one staff member said if they had concerns about their ability to complete their work in the allocated time, they only had to call the care coordinators and it was fixed. Management and care coordinators described how they managed and prioritised consumer care when there was unplanned leave, and this was observed during the Quality Audit.

Consumers spoke highly of staff and provided feedback that included ‘they are kind, respectful, lovely and very good.’ Staff spoke respectfully about consumers and their backgrounds; they demonstrated they knew the consumers they cared for. Management and care coordinators were observed speaking with consumers over the phone respectfully and kindly.

Consumers and representatives reported staff were competent in their roles and knew what to do. Staff said the service provided online training and face-to-face training during staff meetings; meeting minutes confirmed this. Management explained staff providing personal care were required to have at least a Certificate III and described how the service monitored and kept track of staff competencies such as first aid, basic life support, and other qualifications.

Position descriptions including roles and responsibilities were in place. Staff felt they were equipped for their roles and described the induction and orientation process and explained the training provided and how they were supported by ‘buddy shifts’. Evidence sighted, demonstrated staff registrations, police checks, driver’s licences, car insurances and car registrations were current. There were mandatory training requirements that included Code of Conduct for Aged Care, manual handling, dignity of risk and elder abuse, however the service could not provide evidence that mandatory training had been consistently completed. Staff were knowledgeable and could describe how they delivered safe, quality care and services. Further, management described the action plan to ensure staff mandatory training would be completed by the end of March 2024 which was reflected in the plan for continuous improvement.

Consumers and representatives said the service sought their feedback regarding services and staff performance. One consumer said the coordinator asks them ‘how everything is going’ when they ring. Staff were satisfied with the training provided and spoke highly of the support they received from management. Management advised staff performance appraisals were overdue and described the actions the service was taking to ensure appraisals were completed by the end of March 2024; this was reflected in the plan for continuous improvement. The Assessment Team sighted evidence of communications to staff advising of the performance appraisal process; some staff had already been scheduled for their appraisals.

While the Quality Audit Report identified deficiencies in the processes relating to mandatory training and performance review, the service had identified this, updated their plan for continuous improvement and taken action to promptly address the deficiencies. Further, staff demonstrated a sound knowledge of their role and associated responsibilities; they could describe how they delivered care and services in a manner that was aligned with consumers’ needs and preferences. Consumers spoke highly of staff including their knowledge and skills, and said they felt safe.

I am satisfied the organisation’s workforce is sufficient, skilled and qualified to provide safe care and services. I find Standard 7 is 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

Management described how consumers and representatives were provided opportunities to provide feedback about the service including through satisfaction surveys, support plan reviews, and regular calls to consumers and representatives. They said formal and informal feedback was recorded and reported to management and that consumer feedback informed the continuous improvement plan. Consumers and representatives recalled receiving satisfaction surveys in 2023. While some stated that they chose not to complete this, the survey results demonstrated consumers were satisfied with the care and services provided. The organisation brought forward examples of letters and emails inviting consumers to be part of the consumer advisory group and said this would occur regularly going forward.

The organisation recently established a Board and a quality advisory group. Management explained the Board and the quality advisory group would receive information relating to high-risk consumers, incidents, feedback and complaints, continuous improvement, clinical care, and staff training and compliance. The organisation received information about legislation and regulatory changes from bodies such as the Department of Health and the Commission; policies and procedures and other relevant information was available to guide staff.

Effective organisation wide governance systems were in place in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints. Consumers, management and staff reported having access to the information they required. Management staff held accounting qualifications and there were established processes for monitoring financial matters. Management reported policies and procedures were reviewed and updated as requirements changed. The organisation demonstrated effective regulatory compliance as evidenced by the establishment of a governing body and invitation to consumers and representatives to join the consumer advisory group. Training was provided to staff relating to the Serious Incident Response Scheme and the code of conduct.

The service had a risk management policy to guide and set expectations for risk identification and management practices. Management explained consumer risks were identified through the assessment and planning process. A high-risk register was maintained and identified consumers who were high falls risk, frail, waiting for a higher package level, or had wounds. Management had weekly meetings with the clinicians to discuss consumers they were concerned about, and this was supported by documentation sighted by the Assessment Team. Staff demonstrated knowledge and understanding of high-risk consumers and provided examples of risks they monitored such as falls, pressure injuries, wounds, nutrition/hydration, and infection. Staff accurately described and provided examples of restrictive practices and incidents that required reporting under the Serious Incident Response Scheme. Staff knowledge of the procedures they would follow if they suspected abuse or neglect was congruent with the service’s policy.

Staff and management explained the principles of open disclosure which included apologising to consumers and representatives when something untoward occurred. Additionally, they demonstrated a shared understanding of restrictive practices; staff, clinicians, and management confirmed that there were no consumers with restrictive practices in place. Clinicians described antimicrobial stewardship and said that resources were available through the online learning platform. Evidence was sighted of regular and ongoing communication between the service and community nurses regarding the care of consumers receiving brokered clinical care and confirmed the service had oversight over the delivery of clinical care.

For the reasons detailed, I am satisfied Standard 8 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)