**Performance**

**Report**

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| Name: | Home Instead Nepean and Blacktown |
| Commission ID: | 201385 |
| Address: | Suite 1, 55-61 York Road, PENRITH, New South Wales, 2750 |
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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: 9523 Companions in Care Pty Ltd  
Service: 27323 Home Instead Senior Care Penrith

**This performance report**

This performance report for Home Instead Nepean and Blacktown (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 14 February 2024.

# 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 and representatives advised they’re treated with dignity and respect and their culture and diversity is valued. Staff and management highlighted appropriate ways in which they ensure consumers are treated with respect, such as matching care staff with relevant consumers, and checking consumer’s care plan with them on the first visit to ensure it aligns with consumer expectation. Staff apply active listening when liaising with consumers and remain respectful of their opinions, ideas, and choices. The service’s client handbook includes information on equality and diversity and the Aged Care Charter of Rights, and consumer care planning documentation includes discussion with consumers on their cultural considerations, spiritual preferences, and diversity/identity information.

Consumer and representatives advised they are satisfied the supports and services they receive are culturally safe. Staff demonstrated appropriate knowledge of individual consumer needs and how they deliver care that supports specific cultural requirements. Consumer cultural safety requirements are documented in their care plans and relevant policies and training are delivered by the service.

Consumers and representatives were satisfied they’re supported to exercise choice and independence and that they’re provided support to develop and maintain relationships. Relevant information is documented in consumer care plans, and consumers advised that they are engaged in assessments when they commence new services and throughout their developing care plan.

Staff and management demonstrated understanding of individual consumer dignity of risk, and the service administers a duty of care and dignity of risk policy and a dignity of risk process that details the steps for care managers to undertake when assessing, deciding on, and monitoring and evaluating consumer risk.

Consumers and representatives were satisfied with the way information is provided and how communication occurs within the service. Staff advised that consumer information is accurate and timely and ensures consumers understanding and focuses on consumer choice.

Consumers and representatives are provided with a client information pack when they commence with the service. The consumer handbook supports consumer understanding and covers areas such the steps involved in developing a care plan, the role of the care manager, the Aged Care Quality Standards, and how to provide feedback or make a complaint. The Home Care Agreement (HCA), that is part of the client information pack, also includes the Aged Care Charter of Rights which consumers and representatives are asked to sign. The agreement also provides information on how to provide feedback or make a complaint as well as information on fees and budgets.

The Audit Team reported that consumer privacy is respected, and personal information is kept confidential, and consumer’s and representatives were satisfied in relation to the service effectively managing their privacy and confidentiality.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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

The service demonstrated that assessment and planning appropriately considers risk to each consumer’s health and well-being. Consumers and representatives advised they receive the care and services they need, and they are partners in the care planning process. Staff effectively demonstrated how the consumer assessment and planning process informs delivery of safe and effective care and services, and consumer documentation highlighted that specialists and allied health professionals are involved in assessment and care planning. Policy and procedures support effective planning of care that considers consumers’ choice and their right to engage in risk while informing delivery of safe and effective care and services.

The service demonstrated that assessment and planning identifies and addresses individual consumer current needs, goals, and preferences, including advance care planning if the consumer wishes. Consumers and representatives advised that the service routinely meets their needs and preferences, and consumer care plans demonstrated what is important to consumers in how their care is delivered.

Consumers advised they are actively involved in the assessment, planning and review of their care and services. Staff described their role in partnering with consumers and representatives to assess, plan and review care and services, and the service demonstrated clear lines of staff responsibility for consumer assessment, planning, and review of care and services plans. Management demonstrated appropriate knowledge of how the service ensures that planning care and services meets individual consumer’s needs, goals, and preferences.

Consumers advised they have a copy of their care plan and that it meets their needs, goals, and preferences. Staff described how they effectively communicate with consumers and document relevant outcomes of assessment and planning, and highlighted that consumer care plans are accurate and contain enough detail to deliver appropriate care and services for consumers.

Consumers and representatives advised that the service regularly communicates with them about care and services, seeks feedback, and makes changes to meet their current needs, goals, and preferences. The service administers effective processes that guide routine reviews of consumer care and services as well as when circumstances change or when incidents impact the needs, goals, and preferences of individual consumers.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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 and representatives advised they are satisfied the care meets their needs and optimises their health and well-being. Staff demonstrated they are familiar with the personal and clinical care needs of individual consumers, and consumer care plans appropriately encompass care that is safe, effective, and specific to each consumer.

The service demonstrated that risks for each consumer are effectively managed. Consumers and representatives advised of their satisfaction that high impact or high prevalence risks are effectively managed, and consumer documentation highlighted relevant information relating to consumer risk identification as well as relevant strategies to mitigate and manage these risks.

The service demonstrated the needs, goals and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised, and their dignity is preserved.

Changes in consumer condition and care needs are recognised and responded to in a timely manner, and consumers and representatives advised they are satisfied with the care they receive from the service, including recognition of deterioration or changes in their condition. Staff demonstrated appropriate knowledge of consumer deterioration or change in condition and abscised that the client advisor role at the service is responsive when they report any changes in consumers’ conditions.

The service demonstrated that information about consumer care is documented and effectively communicated, and consumers and representatives advised of their satisfaction with the delivery of care, including the service’s communication relating to changes to consumer condition. Staff described how changes in consumer care and services are communicated effectively through verbal handover processes, review of progress notes, and by accessing care plans.

Consumers and representatives advised the service routinely refers them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes. The service demonstrated an appropriate list of referral agencies with which it maintains connection, included nursing, physiotherapy, occupational therapy, speech pathology, dietician and podiatry.

The service administers relevant policies to guide infection control practices and best antibiotic practices in line with antimicrobial stewardship (AMS) guidelines. Staff demonstrated they have received appropriate training on infection control practices, and consumers and representatives advised they are satisfied with the measures the service has in place for the management of COVID-19 and strategies to minimise other infection-related risks. The workforce demonstrated appropriate knowledge of precautions required to prevent and control infection.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as 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

The service demonstrated that consumers receive supports for daily living that meet their needs, goals, and preferences. Consumers advised they are supported to participate in activities in which they are interested and advised that the service supports their independence, health, well-being and to have a good quality of life. Support workers described how they take consumers on outings of their choice to optimise their well-being and quality of life.

The service demonstrated that services and supports promote individual consumer emotional, spiritual, and psychological well-being. The service supports consumers to participate in their community in a way that interests them and to maintain social and personal relationships. Management advised that during the initial assessment, consumer goals are established including any social activities that are important to them. This information guides service provision, and best supports consumers to meet their goals.

The organisation demonstrated that relevant information about consumer condition, needs and preferences is shared within the organisation and with others involved in consumer care. Staff advised they have access to information in the service’s documentation system that allows them to provide targeted care that meets consumer needs and condition. Staff complete progress notes at the completion of each service and this information is shared on the service’s documentation system.

The service demonstrated timely and appropriate consumer referrals to other organisations and to individual providers of care and services of their choice. Consumer care planning documentation highlighted that the service effectively liaises with brokered providers to support the diverse needs of consumers.

The service demonstrated that equipment is safe and suitable. Staff appropriately notify management of any equipment that appears to need repair or replacement. Consumers advised that equipment is suitable and safe and that they would contact service management if they had concerns. The service demonstrated appropriate referral for consumers to an occupational therapist or physiotherapist if required to inform purchase of suitable equipment.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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

The service demonstrated that consumers and representatives are encouraged and supported to provide feedback and make complaints. Consumers and representatives advised they are encouraged and supported to complain and provide feedback if they are not satisfied with the delivery of services. Staff demonstrated appropriate knowledge on how to respond to consumer complaints and feedback.

Information on how to make a complaint or provide feedback is provided in the consumer handbook and the home care agreement (HCA). This information is also discussed with consumers and representatives when they with the service.

The service demonstrated that consumers and representatives are made aware of advocacy services and other methods for raising and resolving complaints. Consumers and representatives demonstrated their awareness of other complaints and advocacy services available to them. Management highlighted that they offer support such as language services and consumer care planning forms include language preferences. Relevant training is provided to staff, and staff demonstrated they have access to translating or interpreting services and other resources to inform consumers when this is required. The consumer handbook and HCA provides information on raising concerns with the Aged Care Quality and Safety Commission and accessing advocacy services from the National Aged Care Advocacy Program.

The service demonstrated that appropriate action is taken in response to complaints, and consumers and representatives advised of their satisfaction regarding the service’s compliant management process. Staff demonstrated how they appropriately respond to complaints using open disclosure, and the service administers a relevant open disclosure policy.

The service demonstrated that feedback and complaints are routinely reviewed to identify if they need to be incorporated into the service’s improvement and risk register. The service implemented a complaints and feedback register to assist continuous improvement at the service and to provide focus on consumer risk identification and management. Consumer complaints and feedback are recorded in the service’s electronic care management system (ECMS) and data is appropriately monitored and analysed. Management demonstrated how the service reviews and categorises feedback and complaints, and undertake relevant discussions at regular consumer care management meetings and staff team meetings.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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 service demonstrated a workforce that is planned and the number and mix of staff effectively enables delivery of safe and quality care. The service demonstrated consistently full shifts in the previous 12 months, and maintain ongoing recruitment for care staff. Care staff are engaged to provide all supports for consumer, including domestic assistance, daily living, and personal care. Shifts are planned by using the service’s electronic care management system (ECMA), and this allows rostering staff to meet the needs and preferences of consumers such as gender, language and preferred care workers. Consumers and representatives advised they are satisfied with the continuity, quality, and safety of care provided and stated that care workers arrive on time.

The service demonstrated consumers are routinely treated with respect and staff are kind and caring. Consumers and representatives advised that care staff, management and other service staff are kind, caring and respectful. The Audit Team reported that care staff routinely use respectful language when talking about consumers who require additional care and attention.

The service demonstrated effective processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised that care workers consistently have the knowledge to perform their roles effectively, and care workers demonstrated appropriate understanding of the requirements of their roles and the varied ways they interact with consumers. The service demonstrated a workforce that provides a range of qualifications relevant to each role they are performing, including registered nursing staff, human resources and education/training staff with experience in nursing.

Care staff are supported to complete related education and training and the service franchisor is a Registered Training Organisation therefore some of the learning modules care workers complete can be credited towards certification qualifications. Allied health practitioners, including registered nurses, home modification specialists and lawn mowing services are subcontracted by the service. The service maintains robust contract agreements with subcontracted services that include an initial and annual compliance checks. The service provides a comprehensive orientation and onboarding program as well as ongoing training opportunities. Staff mandatory training is monitored by the service’s people and training advisor.

The service demonstrated they recruit, train, and equip the workforce to deliver outcomes required by the Aged Care Quality Standards. Management advised that a key focus of recruitment is on values, attitude and ability to demonstrate compassion and understanding. The service’s orientation program is delivered face-to-face facilitated by the people and training advisor and covers all of the services delivered to consumers, the values of service, recognising and responding to diversity, and consumer privacy and confidentiality. Care staff go on to complete further on-line mandatory training prior to commencing services and supports for consumers. Mandatory training covers food safety, infection prevention and control including COVID-19, elder abuse; incidents including serious incident response scheme (SIRS), medication management, manual handling, and other work health and safety topics. The service’s infection prevention and control training requires care workers to demonstrate competence in donning and doffing personal protective equipment (PPE), and face-to-face training on dementia is provided to all staff.

The service demonstrated regular assessment, monitoring, and review of workforce performance via an annual performance development review. The people and training advisor undertakes the review in consultation with other relevant staff and the Audit Team reported that staff appraisals are up to date. In addition, managers ensure bi-annual touch points with all staff, care coordinators review progress notes daily to identify any performance or training needs, and care staff can reach out to management to discuss development opportunities within the service. Staff advised the Audit Team that they undertake annual performance development reviews and commented on the positive value of these discussions.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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

The service demonstrated that consumers and their representatives are engaged in the development, delivery, and evaluation of care and services, informally and formally. Managers visit consumers regularly in response to continuous improvement action and these visits integrate the service’s risk register to ensure better oversight for managers. The service hosts social events to ensure consumers and representatives are engaged and management explained this is an opportunity for staff and consumers to get to know each other and hear from consumers. The service has reached out to consumers and representatives asking for expressions of interest to be become a consumer advisory committee member and the quality care advisory body and governing body was established to maintain responsibility to ensure meaningful engagement with consumers and other stakeholders. Consumers, representatives and care staff advised the service is well run and operated effectively by the organisation.

The organisation demonstrated regular senior management meetings that provide a consumer focus as well as regular team management meetings. The governing body reviews complaints, incidents, and maintains oversight of the improvement and risk register. Clinical data is monitored by the governing body, including falls and skin integrity, nutrition and hydration (including weight loss), and cognitive decline including behaviour support. The information obtained from the clinical data is used to promote a culture of safe and quality care, for identifying risks and continuous improvement opportunities, staff training requirements, and changes required to policies and processes. The governing body review reports on continuous improvement, quality and clinical indicators, incident trending, complaint and feedback trending, an employee report, and a report on care planning. The governing body is effectively informed by sub-committees and advisory bodies, and relevant information is shared with consumers and representatives. The governing body has provided formal invitation for consumers to join the organisation’s consumer advisory body. The service operates under Companions in Care Pty Ltd.

The organisation demonstrated effective governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service’s electronic management system ensures that consumer information, rostering information, and employee information is maintained, up to date and accessible. Staff are provided with the level of access they require to undertake their duties and care workers have access to the care plans via a mobile phone application. The service’s improvement and risk register maintains effective focus on continuous improvement, feedback, and risk management. The Audit Team reported that it is evident the improvement and risk register and associated continuous improvement actions are actively monitored by management. The service maintains a spreadsheet of consumers with high amounts of unspent funds and this is routinely reviewed by management. Management keeps up to date with legislative and other regulatory matters via membership with a peak national employer body, Fair Work Commission, and the Aged and Community Care Providers Association. The service also subscribes to the Aged Care Quality and Safety Commission and Department of Health and Aged Care, and regulatory compliance matters are provided to staff via email, via a monthly newsletter and discussed at team meetings and other staff meetings.

The organisation demonstrated effective risk management systems and practices, and appropriate oversight by management in relation to high-impact or high-prevalence risks associated with care. The organisation’s clinical governance framework effectively outlines how high impact and high prevalence consumer risks are managed, and management demonstrated effective and regular monitoring and review of individual consumer risk via relevant management meetings. Elder abuse and serious incident reporting scheme (SIRS) are both mandatory training requirements for care staff and the organisation administers relevant policies related to elder abuse and SIRS to best support staff, management and consumers. The Audit Team reported that the organisation manages incidents effectively. Consumer incidents are reviewed and evaluated by management via the electronic care management system from the initial reporting stage to closure. The organisation also administers an incident register spreadsheet that includes monitoring and analysis of incidents and supports categorisation and trending to inform best practice. In terms of preventing incidents, the service has an improvement and risk register that supports the organisation to actively monitor consumer risks and incidents, and the organisation’s quality advisory body routinely review consumer incidents and the governing body continues to oversee consumer incidents.

The organisation operates with an effective clinical governance framework. Should consumers require clinical care, a registered nurse is subcontracted. The organisation is currently utilising a clinical consultant who is a registered nurse and who is tasked to update the client care planning form to support clearer identification of consumer cultural and diversity requirements and assessing environmental risk for consumers. The organisation administers an antimicrobial stewardship policy however the organisation noted that care staff prompt medications and consumers visit their own general practitioner for infection management. Management demonstrated appropriate knowledge of the aged care regulations relating to restrictive practices, and relevant and up to date information is included in the organisation’s clinical governance framework and incident management policy. The organisation has an up to date open disclosure policy and relevant communication has been provided to staff as well as ongoing discussion and training will proceed. Care staff demonstrated appropriate knowledge and application of open disclosure, and management demonstrated that open disclosure is used in managing complaints and consumer incidents and documented in consumer care files.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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)