**Performance**

**Report**

**1800 951 822**

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| Name: | Home Instead Senior Care |
| Commission ID: | 201296 |
| Address: | Unit 19, 19 - 23 Bridge Street, PYMBLE, New South Wales, 2073 |
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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: 8962 Raykay Pty Ltd  
Service: 26478 Home Instead Senior Care - Northern Sydney

**This performance report**

This performance report for Home Instead Senior Care (**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

All consumers/representatives interviewed said staff were respectful with their communication and that caregivers provided personal care in a way that respected the dignity of the consumer. Caregivers interviewed were able to explain the importance of treating consumers with dignity and respect and were able to demonstrate an understanding of the unique identities, backgrounds and diversity of the consumers for whom they provided care. Care plans are written in a respectful manner and contain personal details about consumers that reflect their culture and diversity. The service’s training records show that most staff have completed the training modules ‘recognising diversity’.

Consumers and representatives said the service provide services in a culturally respectful way and in line with their language and other preferences. Caregivers demonstrated an understanding of various consumers’ cultural and religious beliefs and were able to explain how these cultural and religious beliefs were essential in providing culturally safe services to consumers. Care plans reviewed outlined consumers’ different cultural and religious preferences in the delivery of their care.

Consumers/representatives interviewed said that the service supports them to exercise choice and maintain their independence while they are still living at home. All consumers/representatives said services are delivered in the way they want them to be delivered. Caregivers interviewed explained how it is important to respect the choice of a consumer, including refusal of care. Care plans reviewed contain details about the different services requested by consumers, including their preferences and choices. Client consent forms show that consumers make informed decisions about who can be involved in their care and what type of care the consumer has consented to. Care plans contain details about third parties, such as family, friends and others who are involved in the care of the consumer.

Consumers/representatives said that the service supports them to undertake activities and to take risks, which increases their sense of independence and quality of life. Caregivers demonstrated understanding of the concept of ‘dignity of risk’ and were able to explain the importance of respecting a consumer’s choices, even if those choices posed a risk to the consumer. The service discusses risks about choices with consumers and, if the consumer wishes to proceed with their choice, they sign a dignity of risk form.

Consumers/representatives said they are very satisfied with the way the service communicates information to them. Consumers/representatives explained how they were given detailed information in a handbook when they entered the service. Consumers were able to describe how the service provides them with information to facilitate choice. All consumers/representatives said monthly statements were clear and easy to understand.

All consumers/representatives said that they believe the service respects their privacy and their personal information is kept confidential. Caregivers demonstrated an understanding of the importance of respecting consumers’ privacy and confidentiality, including ensuring they do not talk about other consumers with a consumer on shift. Caregivers confirmed they can only access information and progress notes about the consumer for whom they are providing care. The service has policies and procedures in relation to privacy and confidentiality. Consumer documentation was stored appropriately in the office.

I find six of the six Requirements in Standard 1 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 their representatives advised they are regularly consulted during assessment and care planning regarding risks they wish to take. The service has effective systems and processes in place for the prompt identification and assessment of risks to consumers’ health and wellbeing to inform the delivery of safe and effective care and services. Care managers were able to effectively describe the care planning process and how risks are considered to inform the delivery of care.

Consumers and their representatives said they are satisfied with the assessment and planning conducted to address their needs, goals and preferences, including advance care planning and end-of-life planning. Documentation reviewed reflects that consumers have end-of-life wishes recorded. Where they have chosen not to make these decisions, they are offered the opportunity to do so at each care review. Care managers interviewed are able to describe what is important to the consumers and how they want their care delivered. It was observed for some sampled consumers’ that their care plan information was written generically, with goals not individualised and this is an area for improvement.

Consumers and representatives sampled advised they are regularly consulted about their wishes and preferences on how they want their care to be delivered. Consumer representatives said they receive updates through phone calls, text messaging or emails and confirmed they attend care reviews regularly and are able to provide input towards care and service planning. The service has policies and procedures applicable to assessment and planning, which identifies consumers and representatives as 'partners in care planning' to support care delivery. Assessment documentation contained recommendations from other services involved in the care of the consumer.

The outcomes of assessment and planning are communicated to the consumer at the time of assessment and are available in the care plan which is in the consumer’s home. Evidence demonstrated the care plan had been shared with the consumer or their representatives to communicate updated information.

Consumers and their representatives provided positive feedback relating to the regularity of review of their care and service needs. Care planning documentation for sampled consumers was reviewed with evidence of adjustments made to care planning after changes in the consumer’s condition or preferences.

I find five of the five Requirements in Standard 2 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 interviewed said they were satisfied with the personal care provided and confirm it to be safe and effective. Management advised while they do not actively provide clinical care, they utilise approved nursing services to provide clinical care when required. Documentation reviewed and interviews with approved nursing providers showed consumers are receiving appropriate clinical care from their approved nursing service providers when required. Documentation demonstrated consumers were referred to specialists for advice when required to ensure evidence based care is provided. Policy and procedures for providing clinical and personal care are in line with the Quality Standards and other best practice references and consumers were satisfied with care provided.

Consumers and representatives sampled expressed satisfaction and confidence that risks to their health and wellbeing are managed effectively. Staff are adequately trained to manage high impact, high prevalence risks. Caregivers interviewed described the strategies implemented to manage individual risks for individual consumers. The service records high impact and high prevalence clinical and personal risks for consumers through their clinical data indicator and incident reports. Data is analysed and discussed at the weekly and monthly meetings to monitor trends and assess the effectiveness of strategies in place for each consumer.

While the service is not currently managing any consumers end of life care needs, they have recently referred a consumer to the local palliative care team to ensure plans are in place when needed. Care managers said most consumers who receive palliative and/or end of life care generally have this provided through the community palliative care teams. A review of the care provided to a consumer who had died demonstrated that their needs, goals and preferences regarding end-of-life care were documented and met, with their comfort maximised, and their dignity preserved.

Consumers and representatives said staff at the service are responsive to a deterioration or change in their needs, with representatives also confirming they are kept well informed about their consumers’ condition when changes or deterioration is observed. Guidelines are in place to guide staff practice in the event of the deterioration of a consumer. Review of sampled consumer’s care and service documents demonstrated changes in the consumer’s condition are identified in a timely manner and responded to. Staff interviewed were able to describe the actions they would take in response to a change in the condition of a consumer. Weekly management meetings, involving clinical and medical staff, review consumer changes and deterioration to assist with further care planning.

Information about the consumer’s condition, needs and preferences is documented and shared within the service and where responsibility for care is shared. The service utilises an electronic management system for staff to access while providing care services for the consumer. Caregivers informed they have up to date information on each care for the consumer safely and perform their role successfully. Consents for access to documentation from the consumer’s medical officer, various specialists, and allied health professionals is organised to ensure safe and effective quality of care. It was observed staff communicate with management for immediate concerns via telephone or ECMS which allows for immediate support and advice.

A review of care and services documentation showed appropriate referrals to relevant health professionals were undertaken in a timely manner. Consumers and representatives provided positive feedback regarding access to health professionals. Staff were able to describe the processes for referring consumers to other health professionals.

Consumers and representatives interviewed were satisfied with the measures taken by the caregivers to protect consumers from infection. Caregivers are provided with infection control training, personal protective equipment, and infection control protocols are implemented in alignment with the local public health unit advice. Caregivers advised they promote hydration for their consumers to assist them to avoid urinary tract infections.

I find seven of the seven Requirements in Standard 3 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 and representatives interviewed said they are very supported by the service to maintain their quality of life, independence, health, and wellbeing. Staff interviewed demonstrated an understanding of what is important to consumers and could describe how they help the consumer to do as much as they can for themselves if this is their preference. This includes regular activities such as daily exercises and walks, encouraging consumers to participate in activities of daily living such as meal preparation, and supporting consumers to engage in activities of interest to them such as gardening and music.

Consumers and representatives said they are satisfied with care, services, and supports for their emotional, spiritual, and psychological well-being. Any symptoms of anxiety, depression, helplessness, social isolation, community connection, family and friend support are identified through assessment. Caregivers and care managers described consumers’ daily living preferences and how they provide appropriate emotional support. Care and service plans guide care staff to support consumers’ emotional, spiritual, and psychological well-being. Caregivers are matched with consumers to meet their needs and to build supportive relationships with the consumers.

Consumers and representatives interviewed said they are very satisfied with the services provided to support the consumer’s engagement within the community. Consumers are provided with opportunities for social interaction and social connection through social activities offered by the service and through interactions with caregivers. Caregivers understand consumers’ daily living preferences and provide appropriate support. Care documentation reviewed aligned with information provided by consumers/representatives and staff regarding consumers’ continued participation in the community, maintaining social and personal relationships, and doing things of interest to them.

Consumers and representatives interviewed confirmed information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Caregivers interviewed knew the consumers very well and could describe their individual needs and the ways they support them. The service has established systems to enable the sharing of consumers’ information within the organisation and with others who share care responsibilities. Where responsibility for consumer care is shared between the service and an external service provider, the service was able to demonstrate that changes in the consumer’s condition, needs or preference are communicated effectively or appropriately.

Consumers and representatives said the service provides information on services available to them and refers them in a timely manner to external service providers. Care managers explained how they support consumers to access external services as needed, with timely and appropriate referrals being completed to support consumers’ daily living preferences. Consumer’s care documentation demonstrated referrals are made to other organisations and providers of services to support consumers’ daily living preferences.

Consumers and representatives interviewed confirmed consumers have the equipment they need to meet their needs. The service supports consumers to make the decision about the purchase or hire of equipment. Equipment is monitored as per the manufacturer’s specification or warranty. Caregivers are trained in the use of equipment and the identification of wear and tear, maintenance issues and hazards with the equipment. Caregivers ensure the equipment is clean and if they identify any need for repairs, they alert the care managers who will contact the supplier. For consumers who are supported to attend activities or appointments via caregivers’ vehicles, the service ensures all the vehicles are insured, registered, and serviced regularly.

I find six of the six Requirements in Standard 4 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, their families, friends, carers and others are encouraged and supported to provide feedback and complaints. All consumers and representatives said that they believe that the service would provide them with support if they needed to provide any feedback or make a complaint. All consumers/representatives said that they recalled being provided with information about how to make a complaint from the service. Caregivers were able to explain how they would support a consumer to provide a complaint.

The service demonstrated that consumers are made aware of and have access to advocates and other methods for raising and resolving complaints. Most consumers/representatives said they could recall the service providing information about third party advocates and the right to make complaints to the Commission. Caregivers told the Assessment Team that they were generally aware of consumers’ rights to advocacy services and to make a complaint with the Commission and said that they would provide them with support if they wished to do so. The client handbook provided to consumers on admission contains information about how to make a complaint with the Commission and how to be provided with an advocate though the National Aged Care Advocacy Program.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Complainants spoken to by the Assessment Team said that they were satisfied with the service’s complaints management process and were satisfied with the outcome of their complaint. Caregivers demonstrated an understanding of the importance of reporting all feedback and complaints made by consumers and representatives and the importance of engaging in an open disclosure process. Complainants interviewed verified that the service engaged in an open disclosure process.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. The service has responded to individual complaints and complaints trends and these improvements are entered onto the service’s improvement and risk register. The service also reviews consumer feedback from its client feedback surveys to make improvements.

I find four of the four Requirements in Standard 6 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 provided positive feedback in relation to staff attending on time for shifts and completing all the work during the allocated shift time. Caregivers stated that they believed they had enough time to do all the work needed to be done on their shifts. The service has a system to schedule shifts using relevant information to allocate the most appropriate caregiver for a consumer, according to their preferences. There have been no complaints in the complaints register relating to the availability of staff and while there has been the very occasional missed shift it is considered that these are isolated incidents with no impact for the consumer.

All consumers and representatives said that caregivers are respectful and kind when providing care and services. Caregivers were able to explain the importance of treating all consumers in a kind and caring manner, including respecting the consumer’s identity and culture. Any personality issues between caregivers and consumers are managed well to ensure consumers are supported by people they feel are caring, kind and respectful.

All consumers and representatives said they believed that caregivers were competent and provided services and care effectively. Caregivers said that the service ensures their competency and knowledge for the role through the induction process, ongoing training and discussions with the care managers. The service ensures that third party suppliers, such as clinical service providers, are competent through its onboarding process, which includes receiving a statutory declaration from the third-party supplier attesting that their employees have the required qualifications and are currently registered.

The service generally demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Most caregivers were able to describe the ongoing training that the service provides such as in relation to manual handling and medication assistance. Mandatory training includes infection control, incident reporting, manual handling, understanding elder abuse and recognising diversity. Small numbers of staff were noted not to have completed all mandatory training and management agreed to follow-up.

Caregivers said that they have regular assessments of their performance, including annual performance reviews. Reviews cover a range of topics including building relationships, functional knowledge and skills, and areas of improvement. It was apparent from the services records that a small number of caregivers had not had a performance review within the 12 months of the last performance review however the service was able to show this was booked in with the caregiver.

I find five of the five Requirements in Standard 7 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 organisation demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. All consumers and representatives said that the service is open to their feedback and most consumers/representatives said that they could remember receiving a consumer feedback survey from the service. Management provided the results of its ‘Client Experience Survey’ for 2023, which shows that the vast majority of the 56 respondents reported positive feedback. The organisation has incorporated the feedback provided in the survey to improve the quality of services provided to consumers. In accordance with the Strengthening Provider Governance requirements, the service has established a Consumer Advisory Body (CAB) and provided the Assessment Team with a sample of letters sent to consumers/representatives inviting them to join the CAB. The first meeting of the CAB is scheduled for 22 April 2024.

The organisation demonstrated that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. To promote a culture of safe and quality care and services a Workplace Health and Safety Committee was established which focusses on review of incidents and accidents, review of hazards, and review of home safety risk assessments. As part of the Strengthening Provider Governance requirements, the service has established a Quality-of-Care Advisory Body. This body will discuss and review clinical issues and trends and will report to the service’s newly established governing body and make recommendations, as necessary. The organisation has established a four-person governing body constituted by the service’s managing director, operations and care manager, and two new independent members, with one of those members experienced in providing clinical care. As it stands, the two independent non-executive members do not constitute the majority of the governing board (as they only constitute 50% of the members). Management told the Assessment Team that it will consider removing one of the current non-independent members or adding a fifth independent members so that the independent members constitute 60% of the governing body. The first Board meeting is scheduled for 22 April 2024.

The service demonstrated that it has effective organisation wide governance systems relating to the following: (i) information management; (ii) continuous improvement; (iii) financial governance; (iv) workforce governance; (v) regulatory compliance; and (vi) feedback and complaints.

The organisation demonstrated effective organisation wide governance systems in relation to information management as they have policies for document management and have several electronic information and consumer management systems to store relevant consumer files and manage scheduling. Caregivers use a mobile phone app to access their rosters and electronic versions of consumers’ care plans. Caregivers verified that they had access to relevant information about consumers when providing care and services.

The service demonstrated that it has effective governance wide systems in relation to continuous improvement as has policies to guide practice and utilises consumer feedback to drive improvement. The organisation’s improvement and risk register contains numerous entries and shows that the service is identifying areas from improvement from a wide range of sources, such as consumer complaints, caregivers, and management.

The organisation demonstrated it has effective governance wide systems in relation to financial governance as is monitoring unspent funds from Home Care Packages and ensures consumers are informed of their unspent funds.

The organisation generally demonstrated that it has effective governance wide systems in relation to workforce governance. The organisation’s Clinical Governance Framework assigns roles and responsibilities for care managers, recruitment and training managers, and caregivers. Care managers and caregivers interviewed displayed high levels of knowledge about how their roles and responsibilities informed the delivery of safe and quality care and services. The service has a range of processes and procedures for managing and training its workforce and monitoring the performance of third-party suppliers, particularly those that provide clinical care.

The organisation demonstrated that it has effective governance wide systems in relation to regulatory compliance as the service’s system for identifying incidents reportable under the SIRS is operating effectively.

The organisation demonstrated that it has effective governance wide systems in relation to feedback and complaints as have policies to guide staff practice. Complainants stated that they were satisfied with the way the service managed and resolved their complaint. Complaints are added to the improvement and risk register to improve the quality of its care and services.

The organisation demonstrated that it has effective risk management systems and practices including in relation to: (i) managing high impact or high prevalence risks; (ii) identifying and responding to abuse and neglect of consumers; (iii) supporting consumers to live the best life they can; and (iv) managing and preventing incidents, including the use of an incident management system.

The organisation’s risk management policy outlines the services commitment to a proactive, consistent and effective approach to the management of risk. As part of the risks management process, the service utilises a number of tools to identify and then respond to the identified risks. Furthermore, the service conducts quarterly Health and Safety meetings where incidents, hazards, accidents and home safety assessments are discussed with senior management.

The organisation generally demonstrated it has effective risk management and practices relating to the management of high impact or high prevalence risks by ensuring consumers have a comprehensive risk assessment with strategies to address the identified risks clearly documented through the consumers’ care plans. The service maintains a consumer risk spreadsheet which identifies risks relating to each consumer which allows it to monitor and keep track of risks relevant to each consumer.

The organisation demonstrated that it has effective risk management and practices related to identifying and responding to abuse and neglect as have policies to guide staff practice if neglect or abuse is suspected.

The service demonstrated that it has effective risk management systems and practices in relation to ensuring consumers live the best life they can as have a dignity of risk process to manage consumer choices which raise potential risk. All consumers and representatives interviewed said that the service respects their wishes to have their care provided to them in the way they wanted, including refusal of care.

The organisation demonstrated that it has effective risk management systems and practices in relation to managing and preventing incidents as has policies to guide staff practice, uses an incident register which captures and outlines the actions taken, and trends incidents to see how they can be avoided in the future.

The organisation demonstrated that it has a clinical governance framework including in relation to: (i) antimicrobial stewardship; (ii) minimising the use of restraint; and (iii) open disclosure. The organisation has a Clinical Governance Framework which provides for oversight of the clinical care being provided by third party contractors. The organisation has both an infection control policy and antimicrobial policy and staff showed awareness of these issues. The service has a ‘Restrictive Practice Resource Guide’ which contains detailed information for staff in making decisions related to restrictive practices. The service does not currently have any consumers subject to a restrictive practice. Lastly, the organisation has an open disclosure policy which outlines the service’s approach to communicating openly with consumers and their representatives when an adverse event occurs and consumers confirmed this occurs.

I find five of the five Requirements in Standard 8 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)