**Performance**

**Report**

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| Name: | Home Instead Senior Care Eastern Suburbs |
| Commission ID: | 201348 |
| Address: | Suite 102, 28 Spring Street, BONDI JUNCTION, New South Wales, 2022 |
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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: 9297 Amberlie Pty Limited  
Service: 26956 Home Instead Senior Care Eastern Suburbs

**This performance report**

This performance report for Home Instead Senior Care Eastern Suburbs (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 15 April 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/representatives consider staff maintain consumers’ privacy, they are treated with dignity, respect and encouraged to maintain their identity. They note receipt of information in a way that enables informed decisions relating to care and service. Effective systems ensure consumer’s dignity and choices are respected and maintained. Interviewed consumers/representatives consider staff treat consumers with dignity and are respectful in their communication. Staff demonstrate knowledge regarding the importance of treating consumers with dignity/respect and understanding consumer’s unique identity, diversity and background. Documents contain respectful language/reference to consumers’ careers, life histories, religious beliefs, and cultural backgrounds. Training records demonstrate staff attendance relating to Standard 1 topics, in particular maintaining dignity, showing respect and how to value individuality, culture, and diversity.

Consumers/representatives express satisfaction staff provide care and services in a culturally respectful and safe way aligned with cultural preferences. Staff demonstrate understanding of consumers’ cultural and religious beliefs, and how this ensures provision of culturally safe services. Care documents guide staff in consideration of cultural/religious preferences and policies guide staff relating to service expectations. Most consumers/representatives consider consumers are supported to exercise choice/independence and make informed decisions relating to care and services, giving specific examples. Management and staff demonstrate knowledge, awareness, and understanding of the importance of consumer choice/preferences, describing how they support consumers in doing so. Assessment and care planning processes engage consumers/representatives to express choice in decision making; with regular review to ensure currency.

Effective methods to support consumers in risk taking activities is evident. Processes include conducting risk assessments and discussion/agreement of risk mitigation strategies with consumers/representatives. Documentation reflects information to guide staff in care provision, detailing examples of how consumers are supported to achieve positive outcomes. Consumers express satisfaction in support received. Policy documentation guides staff in recognising consumers’ right to take personal risk and supporting informed decision making with knowledge of risk and/or potential consequences. Consumers/representatives express satisfaction regarding information provision noting receipt is timely, accurate, current, communicated in a clear and easily understood format. The consider the service is prompt to review/address issues in a timely manner. Consumer’s key information is stored in a dedicated file within an electronic care management system. Consumers privacy is respected, and confidentiality of personal information maintained. Staff demonstrate knowledge of how to respect privacy and confidentiality of personal information.

# 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 demonstrates effective systems to ensure ongoing assessment and planning. Most consumers/representatives consider they are regularly consulted during assessment and care planning process, including management of high-risk health conditions. giving examples of communication with management and staff. Care planning documentation reflects validated risk assessment tools, regular assessment/review and consumer/representative discussion. While the organisation did not demonstrate a policy to guide staff, interviewed staff demonstrate knowledge of care planning process, including consideration of risk and mitigation strategies.

Assessment and planning effectively identifies/addresses individual consumer’s current needs, goals, and preferences. Advance care and end of life planning is conducted according to individual wishes. Most sampled consumers/representatives’ express satisfaction assessment and planning processes address current needs and preferences, including advance care and end of life planning. They consider regular communication occurs relating to changes in condition and preferences for care delivery. Consumer documents reflect individual needs as expressed by consumers/representatives. Outcomes of assessment and planning are effectively communicated to consumers/representatives, documented in a care and services plan readily available and situated where care and services are delivered. Documents evidence regular care discussions. Most sampled consumers/representatives consider satisfaction of involvement in case conferencing meetings/discussions and provision of care plans. Staff demonstrate knowledge of processes to ensure consumers and representatives receive updates of changes. I find requirements 2(3)(a), (b) and (d) are compliant.

Requirement 2(3)(c) - For most sampled consumers, care and service documents detail evidence of care discussions between consumers/representatives, and a range of health providers such as dietitians, speech pathologists and wound consultants. Most consider they participate in care planning meeting consumers’ needs. However, the assessment team note via interview and document review for 1 consumer, the service did not demonstrate an ongoing partnership with their representative nor other organisations regarding required care delivery. In their response while the provider acknowledged some difficulty in communication methods for 1 consumer, they referenced multiple methods of ensuring effective communication between management/staff and consumers/representatives does occur. In consideration of compliance, I am swayed by the volume of satisfactory consumer/representative feedback. I find requirement 2(3)(c) is compliant.

Requirement 2(3)(e) – The assessment team bought forward evidence the service did not demonstrate care and services are regularly reviewed for effectiveness, when circumstances change, or incidents occur for all sampled consumers. While most interviewed consumers/representatives gave positive feedback regarding being informed of changes; via a review of the consumer’s care and service documents, the assessment team note comprehensive review did not occur for 3 sampled consumers when circumstances changed (including repeat incidents). While management explained expectations of care planning process including senior team members daily review of staff feedback leading to amendment/update of care plans and/or escalation when needed, they acknowledge this did not occur for 3 sampled consumers and files contained inconsistent information and/or a lack of review. Senior members advise conducting case conference meetings/discussions (with consumer/representative involvement) on an annual or as needed basis. They advise identifying a deficit regarding case conference documentation resulting in development of new documentation/processes and system integration.

In their response the provider advised care review occurring for named consumers, plus self-identified the need to transfer/consolidate consumer information/data due to use of more than one electronic information system. The provider cited several tools to assist in this process however evidence to support successful transfer/trial outcomes was not supplied. In consideration of compliance, while acknowledging the service’s self-identification of deficits, planned review dates and subsequent actions to ensure negative impact did not occur, I accept the provider’s actions to ensure all consumers receive a current care review. I find requirement 2(3)(e) 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 demonstrates processes to ensure consumers receive safe, effective personal and clinical care aligned with principles of best practice and tailored to their needs. Sampled consumers and most representatives gave positive feedback about personal and clinical care needs being met, giving specific examples to demonstrate satisfaction. Staff demonstrate knowledge of individual care needs; documentation review and interviews with approved nursing providers resulted in evidence consumers receive appropriate clinical care. Management report the service use approved nursing services to provide clinical care when required. They advise monitoring of clinical care and subsequent management strategies occur via senior manager review and meeting forums, which the assessment team observed discussion relating to consumers’ needs. Effective processes to ensure needs, goals and preferences of consumers nearing end of life and recognised/addressed, comfort and dignity maintained. Interviewed consumers/representatives gave positive feedback including palliative services enabling consumers to reside within their own home. A review of clinical files of consumers currently receiving palliative care or have recently died demonstrate meeting their needs and preferences, and comfort/dignity preserved. Staff demonstrate knowledge of individual needs and describe processes to ensure consumer’s comfort/clinical needs are met, including referral to medical officers and palliative care services.

The service demonstrates effective processes relating to deterioration or change in consumer’s condition is recognised and responded to in a timely manner. Consumers and representatives’ express satisfaction of timely actions when a change in condition occurs. Staff demonstrate knowledge of escalation processes and reporting mechanisms to alert required staff to consumer’s requirements. Documents demonstrate appropriate and timely action transpires. The service demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services exists. Care and services documents detail appropriate referrals to relevant health professionals undertaken in a timely manner. Consumers and representatives gave positive feedback regarding access to health professionals. Staff describe processes for referring consumers to other health professionals and gave specific examples for individual consumers. The assessment team note for 1 consumer referral to allied health professions did not occur, the impact of this is considered within requirement 3(3)(e).

Standard and transmission-based infection control systems exist to manage an outbreak and minimise infection spread, plus appropriate prescribing antibiotic use. Consumers and representatives express positive feedback regarding management of infection and control practices. Documents detail pathology is undertaken prior to commencement of antibiotics when applicable. Interviewed staff demonstrate understanding/awareness of practices to minimise spread of infection and ensure appropriate use of antibiotics. Documented staff guidance includes outbreak management plan and policy which the assessment team note did not contain reference to infection control procedures and appropriate personal protective equipment. I find requirements 3(3)(a), (c), (d), (f) and (g) are compliant.

Requirement 3(3)(b) – Most interviewed consumers and representatives express positive feedback relating to management of high impact/prevalence risks. Staff demonstrate knowledge of consumer’s risks and mitigation strategies. The service has a process to self-identify risks considered as high impact/prevalence, including falls management, clinical care, and consumers having surplus of funds. While an organisational policy/procedure relating to falls prevention and management is being developed, staff are guided by alternate policies to direct responsive actions post fall. Review of sampled documents for consumers who have experienced falls demonstrate post fall management is attended as per organisational expectations and principles of best practice for most consumers. However, the assessment team note, for 1 consumer who experienced a fall, neither implementation of preventative/mitigation strategies, referral to allied health professional nor reassessment post hospitalisation occurred. Documents detail the consumer experienced a subsequent fall.

Management considers consumer’s funds surplus as a risk. Most consumers/representatives acknowledge being involved in budget related discussions expressing satisfaction in how this is managed. Via review of documents and interviews, the assessment team note several consumers have surplus funds, however monitoring processes and actions to manage this is not evident for all. The service did not demonstrate a process of monitoring/documenting outcomes of communication and/or implementation of agreed actions. While for most consumers living with diabetes mellitus and at risk of hypoglycaemia/hyperglycaemia effective management is evident; the assessment team note this was not the case for 1 consumer who did not receive nursing assistance with medications in a timely manner after returning from hospital. Another consumer’s care plan directives detail inconsistent/incorrect details regarding medication to be administered. Management acknowledged this posed a risk of medication error and committed to updating required documentation. Care plans for those consumers administered some medications did not detail alerts/information to advise staff of subsequent medication related risk.

In their response the provider refutes evidence bought forward relating to a consumer who experienced falls and contend purchase of preventative/mitigation equipment and referral to allied health professional had commenced however subsequently on hold due to hospital readmission. In relation to unspent funds the service contends discussions occurred with all consumers/representatives where unspent funds totalled a nominal amount, the outcome resulted in consumers informed choice not to spend funds. Medication documents were updated to mitigate risk for one consumer (however it is noted appropriate medications were administered due to pharmacy packaging). In consideration of compliance, I place weight on the providers response in demonstrating methods of communication and effective management of risks associated with consumer care. I find requirement 3(3)(b) is compliant.

Requirement 3(3)(e) – Most consumers and representatives provide positive feedback regarding communication of consumer’s needs. Guidance for staff relating to handover/transfer was not demonstrated and the assessment team note effective transfer of information regarding all sampled consumers is not evident. Interviewed staff describe difficulties in communicating/transferring essential information throughout the organisation. While management explained some processes to transfer/communicate consumer needs, a review of documentation demonstrates ineffective transfer resulting in inaccurate details to guide care provision for 3 consumers. The assessment team note, for 1 consumer, lack of appropriate communication/follow-up between their representative/service/other organisations resulted in delayed care; in addition, incident reporting did not occur, and allied health directives not completed. Management acknowledge while case conference meetings occur, documentation to demonstrate this is not consistently evident.

In their response the provider referenced several alternate documents demonstrating care discussions for named consumers and amended processes for staff. While I note the consumer who experienced delayed care provision is currently not in receipt of care from the provider, they report amending ‘after hour’ call processes including staff training to eliminate repeat occurrences. While cognisant of impact for this consumer I have taken into consideration the provider’s demonstration of existing systems and amended processes, plus volume of positive consumer/representative feedback. I find requirement 3(3)(e) 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean, and well maintained. | Compliant |

Findings

Requirement 4(3)(f) is not applicable to this organisation.

Consumers/representatives express satisfaction relating to services and supports for daily living, including support to participate in the community and do things of interest. They consider appropriate, safe, effective support for activities is received enabling consumers to maintain their independence and quality of life; consumers noting examples of satisfaction. Staff demonstrate knowledge/understanding of what is important to individual consumers giving examples of their role in support. Assessment processes identify consumers’ goals/preferences/chosen services which are documented to guide care delivery; and review of directives align with consumer needs. Care planning documents detail individualised care/services discussed with consumers/representatives. Policies guide management and staff in monitoring process to ascertain consumer satisfaction.

Sampled consumers/representatives’ express satisfaction care and services support consumer’s emotional, spiritual, and psychological well-being. Interviewed staff/management demonstrate knowledge of consumers’ daily living preferences and how to provide appropriate emotional support and escalate concerns when required. Documents guide delivery of care aligned with consumer feedback. Counselling and advocacy services are available. Consumers/representatives consider consumers are provided with opportunities for social interaction and connection through activities offered by the service and staff interactions, giving examples of satisfaction. Staff describe how they develop programs/connection based on consumers individualised interests. Most sampled consumers/representatives’ express satisfaction staff know consumers well and support their needs and preferences and they are provided with referrals in a timely manner relating to activities of interest to them. Interviewed staff and management describe examples of care delivery and processes for referral to other organisations. Consumers receive information detailing other organisations and providers, including advocacy services and legislative bodies. Systems to assist consumers in purchasing equipment to meet their needs incorporating allied health support, are evident as is processes to evaluate suitability prior to purchase.

# 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/representative express general satisfaction regarding management of suggestions/complaints, however, not all complaints have been recorded to enable management review. Management personnel advised current review process regarding updating/amending complaints management processes.

Systems ensure consumers, their families and representatives are encouraged and supported to provide feedback and complaints. Sampled consumers/representatives consider the service would provide support and recalled provision of information to guide them in doing so. Interviewed staff explain processes to support consumers in giving feedback, complaint submission. Effective processes ensure consumers have awareness of and access to advocates and methods of raising complaints and receiving resolution. Most consumers/representatives consider the service provides information about third party advocates and government entities. Interviewed staff demonstrate general awareness of consumers’ rights to advocacy services and processes of support. Review, analysis of feedback/complaints is used to improve the quality of care and services and examples of demonstrated. Management noted awareness that lack of communication identified via the most recent survey advising responsive actions to be implemented, plus staff non-attendance at planned shifts. Most sampled consumers/representatives gave positive feedback relating to staff, noting improvement. I find requirements 6(3) (a), (b) and (d) are compliant.

Requirement 6(3)(c) – Most previous complainants express general satisfaction with complaints resolution; however, the assessment team note 1 representative did not. Staff demonstrate understanding of escalating/documenting consumer feedback; however, the assessment team note 2 complaints not documented via the expected process to enable address/resolution. Management acknowledges a deficiency in identification/recording of feedback/complaints noting complaints governance a topic being addresses. In their response the provider acknowledges while issues of concern were documented, 2 were not escalated to management via required recording processes. Follow-up occurred with all named complainants and training provided to relevant staff. In consideration of compliance, I am swayed by the provider’s immediate response, self-identification of document gaps, and place weight on the volume of consumer/representative satisfaction. I find requirement 6(3)(c) 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

Effective systems/processes ensure a planned workforce to enable delivery and management of safe and quality care and services; due to recruitment and training aimed to equip staff in delivering outcomes required by the Quality Standards. Regular review, monitoring, and assessment of the workforce performance occurs. The service demonstrates planning of staff numbers skill mix to deliver safe, quality care and services. Sampled consumers/representatives gave mostly positive feedback in relation to staff attending on time, completion of work, expressing examples to demonstrate this. Interviewed staff note enough time to complete work required. Processes ensure scheduling and rostering is available in advance. Management explained conducting meeting forums to discuss workforce issues including staff use of scheduling application. Effective systems ensure a competent workforce of members with qualifications and knowledge to perform their roles. Most sampled consumers/representatives consider staff are competent and provide appropriate/effective services and care. Staff explain monitoring of competency and knowledge occurs via induction processes, ongoing training/discussions with senior staff. Staff are currently completing training relevant to Aged Care. A process exists to ensure staff from third-party brokers possess required registration certificates. Processes ensure the workforce is recruited, trained, equipped, and supported to deliver outcomes required by the Quality Standards including identification of training needs and required competency assessments. Monitoring of records enables review to ensure attendance at required training. Regular assessment, monitoring and review of staff performance occurs, including performance management processes when required. I find requirements 7(3) (a), (c), (d) and (e) are compliant.

Requirement 7(3)(b) - While most interviewed consumers/representatives consider staff are kind and respectful to them, 1 representative expressed dissatisfaction with staff communication and actions conducted by staff without consultation. In their response the provider cites immediate investigative action taken upon issue being bought to their attention. In consideration of compliance, I am swayed by the provider’s immediate response, the outcome of their investigation and place weight on the volume of consumer/representative satisfaction. I find requirement 7(3)(b) 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

Evidence exists of effective engagement with consumers in development, delivery and evaluation of care and services, plus promotion of safe, inclusive quality care. Most consumers/representatives have awareness of methods to engage and consider management and staff appropriately respond to suggestions/feedback. Organisational analysis of data received via feedback mechanisms identifies trends enabling implementation of improvement actions. Active processes included formation of a consumer advisory body aimed to include consumers/representatives in discussions relating to topics such as incidents, risks, workforce, and feedback. The governing body promotes a culture of safe, inclusive, and quality care and services demonstrating accountability for delivery of same. The service’s governing body is planning to restructure/consolidation process. Organisational Community of Practice meetings include senior leader membership to discuss relevant items, such as review of clinical risks plus complaints and feedback. I find requirements 8(3)(a) and (b) are compliant.

Requirement 8(3)(c) – The service demonstrate effective organisational governance systems relating to continuous improvement and workforce governance. Policy documents guide management/staff regarding systems for ensuring continuous improvement, including involvement of consumer/representatives, monitoring/recording processes and ongoing policy/ procedure reviews. Recording documents detail multiple areas for improvement sourced from various avenues; including self-identification and actioning of issues noted by the assessment team. Organisational clinical governance documentation outlines staff roles/responsibilities and interviewed staff demonstrate understanding. A process of staff upskilling is currently occurring and an effective governance framework regarding use of third-party brokers to provide quality care and services exists. The assessment noted issues relating to feedback/complaints, regulatory compliance and financial governance however the service and provider demonstrates effective management of each. Organisational systems ensure risk is identified and appropriately managed, the service demonstrate processes for self-identification of risk relevant to consumer cohort and service-related risks, plus processes for monitoring/addressing and actioning. While the assessment team note incident reporting did not occur for 1 consumer, the provider’s response detail consultation/investigation negated the requirement for reporting. While the service demonstrate documented policies and procedures in relation to clinical governance, the assessment team note instances where these have not been effectively followed in relation to care provision for 1 consumer which is addressed in requirements 2(3)(b) and 3(3)(e). A range of information, documents and training materials regarding legislative requirements including Serious Incident Response Scheme and the Aged Care Code of Conduct is evident. Via staff interviews 2 staff did not demonstrate detailed knowledge however in their response, the provider cite thorough staff discussion, subsequent retraining process plus requirement of all staff to complete relevant education. The service demonstrate self-identification of complaints management improvement requirements and progress in relation to this. I find effective organisational systems and processes at a service level and find requirement 8(3)(c) is compliant.

Requirement 8(3)(d) – Organisational policy documents outline required approach to identifying, reducing or avoiding exposure to risks including risk to consumers, identification, suspicion and reporting of consumer neglect and abuse, identifying, managing and reporting of incidents. The service demonstrate identification/recording method for consumers at risk and discuss management of these. The assessment team note issues relating to lack of documented risk which is addressed in requirement 3(3)(b). In their response the provider cite several methods of identifying, preventative measures and management of risk at both consumer and service level. I find requirement 8(3)(d) is compliant.

Requirement 8(3)(e) – Organisational policies and procedures in relation to antimicrobial stewardship include ongoing staff training, identification of infection, administration of appropriate medication, escalating concerns to medical officers and preventative measures to ensure appropriate antimicrobial use. The service adequately manages consumer infections and processes exist to ensure overprescribing of antibiotics does not occur. Resource guides outline key considerations relating to restrictive practices, including completion of risk assessments, staff training, ongoing monitoring, and regular review. Open disclosure policy documents outline requirements in relation to communication with consumers/representatives relating to incidents and the service demonstrate communicating with consumers/representatives relating to these. I find requirement 8(3)(e) 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)