**Performance**

**Report**

**1800 951 822**

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| Name of service: | Home Instead Senior Care Perth |
| Service address: | Unit 3, 24 Parkland Road OSBORNE PARK WA 6017 |
| Commission ID: | 500233 |
| Home Service Provider: | Grace and Ease Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 31 May 2023 |

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.

**This performance report**

This performance report for Home Instead Senior Care Perth (**the service**) has been prepared by F.Nguyen 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.

# Services included in this assessment

**Home Care:**

* Caring for Perth Northern, Western and Southern Suburbs, 27240, Unit 3, 24 Parkland Road, OSBORNE PARK WA 6017

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers and representatives said caregivers are respectful, consult them about their care and how they prefer their services to be delivered. Consumers and representatives interviewed are satisfied they are treated with respect and valued as individuals. Management and staff can describe what is important to individual consumers and were observed to speak about individual consumers respectfully and with knowledge of their backgrounds and care preferences.

Evidence analysed by the Assessment Team demonstrated that care and services are culturally safe. Consumers and representatives described what is important to them and how their services are delivered to accommodate this. Consumers and representatives interviewed said caregivers know them well and know what is important to them. Staff demonstrated an understanding of consumers’ backgrounds and described how they deliver a culturally safe service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information is provided to each consumer which is current, accurate and timely. Consumers and representatives interviewed said they are provided with timely information. Consumers and representatives said they were happy with the information provided to them and said they felt comfortable to call the service if they needed assistance to understand the information provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and caregivers respect the decisions they make. Caregivers described how they support consumers to take risks and to do things that are important to them. Consumers and representatives said that the service encourages and supports them to make choices and take risks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current, accurate and timely information is provided to each consumer, and consumers and representatives interviewed said they can easily access information when needed. Consumers and representatives said that the service communicates with them regularly and the information is current and easy to understand.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they have policy and processes to ensure consumer information is kept confidential. Consumers and their representatives said they felt their information was kept confidential and privacy was provided by staff. Consumers interviewed said they have no concerns that their privacy and confidentiality is maintained by the service.

# 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

Evidence analysed by the Assessment Team demonstrated that the service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and their representative. The information outlined in the care plan guides staff in the provision of safe and effective care. The service considers the risk for consumers when completing assessments with strategies to reduce the risks to the consumer recorded in the care plan. The service has processes to support the identification of consumer-centred specific goals and preferences including end of life planning if relevant.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve, as well as individuals and providers of other care and services. Consumers and representatives interviewed said they were involved in care planning discussions.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and documented in care plans that are readily available to the consumer where care and services are provided. Consumers and representatives interviewed confirmed they have access to their care plan and are involved in ongoing discussions about the care and services provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that care and services are regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals and preferences of the consumer and when consumers request. Consumers and representative discussed recent deterioration in consumer’s health and wellbeing and how the service assisted to ensure consumers are reviewed by specialists.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that personal and clinical care is tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the care they receive. Consumers and representative interviewed said they are happy with the personal and clinical care they receive. The service demonstrated it is using best practice clinical and personal care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. Consumers and representatives interviewed said they receive care that is safe and right for them, is tailored to their specific needs or preferences and optimises their well-being. Systems and processes are in place to assist staff to manage risk and to ensure clear instructions are provided to staff to minimise the effect and number of risks to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity respected. Consumers and representatives interviewed said they have advance care directives in place including end of life wishes, and one said they have the information about advance care planning from the service but are yet to put a directive in place.

The service demonstrated that deterioration or change to a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives said that the service is helpful and responsive to any changes to their condition and are encouraged to discuss any changes and feel comfortable contacting the service anytime. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Systems and processes are in place to support staff to recognise and respond to a change or deterioration of a consumer’s function, capacity or health condition.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are communication systems in place to ensure a consumer’s condition, needs and preferences are documented and communicated with the organisation and with others where responsibility for care is shared. Consumers and representatives said they have access to their care plans and the plans are reviewed regularly. The consumers and representatives are satisfied with the continuity of care received and find the caregivers know what their needs and preferences are without having to repeat the same information to the staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives interviewed said that other services are provided through their home care package funds including services such as podiatry, physiotherapy, domestic assistance, and referrals for additional equipment such as shower chairs and walkers. Staff described how they refer consumers to external services through a documented referral process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it minimises infection related risks using standard and transmission-based precautions to prevent and control infections. Staff confirmed they have completed training on infection control measures and COVID-19 management plan is available to all staff. The service has in place practices to promote appropriate antibiotic prescribing. Caregivers confirmed they have completed training on infection control and use of personal protective equipment (PPE) and follow standard precautions when caring for all consumers.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers and representatives interviewed were satisfied that consumers receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, well-being, and quality of life. Consumers and representatives interviewed said the service helps them to do the things they want to do. Staff were able to demonstrate they know the consumer and their preferences.

Evidence analysed by the Assessment Team demonstrated that the service has supports in place to promote each consumer’s emotional, spiritual, and psychological wellbeing. Staff demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual, and psychological wellbeing. Consumer and representatives interviewed said staff know them and provide them with appropriate support where required or observed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it supports consumers to participate in the community and consumers are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers and representatives interviewed confirmed they can do things that interest them, maintain social and personal relationships and participate in activities within and outside of the service.

Evidence analysed by the Assessment Team demonstrated that the service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, with others where responsibility is shared and ensure that information shared is kept private and confidential. Consumers and representatives said caregivers know their service needs and they do not have to repeat information or direct them about what to do.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are timely referrals to individuals, other organisations and providers of care and services. Consumers and representatives are satisfied with the services and supports delivered by the service to request and be referred for other services. Consumers and representatives interviewed said when they require referrals to other organisations, the service is able to provide support and advice.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where equipment is provided it is safe, suitable, clean, and well maintained. Consumers and representatives advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, representatives are others are supported to provide feedback and make complaints. Consumers and representatives interviewed said they felt comfortable to provide feedback and make complaints either by talking to their caregiver or contacting management at the service. Caregivers are aware of the ways in which they can support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Consumers and representatives interviewed said they felt safe and comfortable in raising any concerns. Management said, and provided evidence showing that, information about advocacy services is provided to consumers in the consumer handbook at onboarding.

The service demonstrated that it takes appropriate action to resolve complaints quickly and uses an open disclosure approach when things go wrong. Consumers and representatives report being satisfied by the way in which the service responds to complaints. Consumers and representatives interviewed who had made complaints or given feedback to the service said they were satisfied with the actions taken.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where feedback and complaints have been raised there have been improvements made to the quality of care and services. Consumers and representatives interviewed said they were happy with changes made to improve the quality of services and care provided. The service demonstrated it is using feedback and complaints to identify improvements to increase consumer satisfaction of care and service.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the organisation’s systems allow for regular monitoring and planning of staff, with the result that consumers receive services that are aligned with their assessed needs and preferences. Consumers and representatives interviewed reported being satisfied with the quality and continuity of the services. All consumers and representatives interviewed stated care and services are delivered as planned.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers and representatives said staff and management are kind, caring and respectful. Consumers and representatives interviewed confirmed staff are kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. This was reflected in the service’s documentation viewed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce are competent and have the knowledge to effectively perform their roles. Consumers and representatives stated staff are knowledgeable and competent to perform their job. Consumers and representatives interviewed described staff as being competent and well trained to perform their tasks and completed their work well. Staff and management described recruitment processes to ensure staff have adequate skills and qualifications, and how management monitor their competency ongoing through consumer feedback and observation during service delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped, and supported to effectively deliver the outcomes required by these standards. Management described the organisational recruitment and onboarding processes including all staff must complete mandatory training requirements relevant to the role. Staff interviewed confirmed they had completed a comprehensive orientation program with ongoing mandatory and other training opportunities provided to all staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that regular monitoring and review of the performance of workforce members. Consumers and representatives said the service requests feedback on staff that deliver care and services on a regular and ad hoc basis and they are asked to complete surveys regarding all aspects of the services provided by the service. Staff and management advised that processes are in place for performance review as required under the Aged Care Quality Standards.

# 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 analysed by the Assessment Team showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. Consumers and representatives are regularly surveyed, and results of surveys are considered by the leadership team and used to evaluate the performance of the service in meeting the needs of the consumer. Consumers and representatives interviewed said they felt comfortable making suggestions about how the delivery of their care and services could be improved and could recall responding to surveys asking for their feedback about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Staff said they worked in a supportive environment that requires them to follow safe practices when providing services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are effective organisation-wide systems in place across all key areas of business operations and effective communication lines exist to ensure that the service has input into changes to any of the policies or systems implemented by the organisation.

* Information Management:

Consumers and representatives have access to relevant information to enable them exercise choice, including care plans, clearly outlined budget statements and avenues to provide feedback and make complaints. Staff have access to policies, procedures, and other electronic documentation relevant to their role. The organisation has an established records management framework including client privacy and confidentiality policies and procedures related to collecting, sharing, and storing information.

* Continuous Improvement:

The organisation has an established continuous improvement process including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback, policy and processes review, improvements contributed by all area of the organisation.

* Financial Governance:

Documentation reviewed showed the finance team produce monthly statements for consumers and provide feedback to the coordinators including the underspend of home care package funds where a consumer may have an excess balance. The service has a company accountant responsible for the finance team who over sees all budgets, grant agreements and purchasing, pay roll and accounts.

* Workforce Governance:

The service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers. The service has not had any impact of the SCHADS award in terms of service delivery.

* Regulatory Compliance:

Management said they subscribe to alerts on changes to legislation compliance and subscription to various government departments and disseminate information to the leadership team as required. In line with recent Code of Conduct, SIRS in home care and the required changes to the home care agreements, the CEO demonstrated how policies processes and documents have been updated to reflect these changes.

* Feedback and Complaints:

The service has an organisational wide system in place which provides monitoring and overview of feedback and complaints, including encouraging and supporting consumers to provide feedback and make complaints. Documentation reviewed showed monthly reporting is completed to the leadership team regarding types of feedback and outcomes. Policy and procedures include using open disclosure in investigating and resolution when things go wrong.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumer risk is monitored, and the organisation acts quickly to mitigate risk and prevent ongoing harm through assessment, review and follow up actions. Staff are aware of their responsibilities to report any suspected or observed elder abuse or neglect. The service has policies and processes in place to support consumers to make informed choices and live their best life. The service has an incident management system which was observed to be used, follow up and escalation processes are in place when an incident occurs.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there is a process in place to identify risks associated with the care of consumers and putting strategies in place through consumer risk assessments. Management demonstrated knowledge and understanding of individual consumer’s risk and vulnerabilities. Staff interviewed could identify high prevalence risks associated with the care of consumers including falls risk.

* In relation to identifying and responding to abuse and neglect evidence analysed by the Assessment Team showed the service was able to demonstrate that staff were able to demonstrate what elder abuse and neglect can look like and said they would report it to the service. Documentation reviewed noted elder abuse training is incorporated into orientation for all staff. The training outlines the identification and responding to abuse/alleged abuse of a consumer.
* In relation to supporting consumers to live the best life they can evidence analysed by the Assessment Team demonstrated that the service supports consumers to live their best life through consultation with how they want their care to be provided, identifying where there may be risk and agreeing on how this might be managed.
* In relation to incident management systems evidence analysed by the Assessment Team demonstrated that review of incidents showed there are timely reporting, investigation and actions taken to prevent or reduce the likelihood of the incident recurring for each consumer. Clinical incidents reports are conducted monthly and reviewed to identify any trends and analysed by the clinical governance committee to consider what actions can be taken to minimise risks. Agendas and minutes showed that incident trends and the processes adopted to mitigate risk are discussed within the leadership team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has a clinical framework in place that ensures that consumers receive safe and quality clinical care. The framework includes processes for open disclosure, management of restrictive practices, and antimicrobial stewardship. A clinical governance committee meets quarterly to discuss and identify improvement opportunities.

* The service has a clinical governance framework in place which sets out the roles and responsibilities of all staff. The framework clearly sets out the core elements based around the organisation’s relationship-based home care model.
* The antimicrobial stewardship policy provides guidance to the staff in encouraging appropriate prescribing of antibiotics to all consumer accessing care and services.
* The service has an open disclosure policy and staff were able to describe what this means in relation to when something goes wrong and in their approach to resolving complaints. The service has a restrictive practices policy in place whereby the organisation outlines promoting a restraint-free environment enabling consumers to live with dignity and choice.

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)