**Performance**

**Report**

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| Name: | Huon Eldercare CACP Service (NAPS 17168) |
| Commission ID: | 300287 |
| Address: | 3278 Huon Highway, FRANKLIN, Tasmania, 7113 |
| Activity type: | Quality Audit |
| Activity date: | 15 April 2024 to 17 April 2024 |
| Performance report date: | 13 June 2024 |

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: 1069 Huon Regional Care  
Service: 17168 Huon Eldercare CACP Service  
Service: 17227 Huon Eldercare EACH Dementia Service  
Service: 17228 Huon Eldercare EACH Service  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8689 Huon Eldercare Inc  
Service: 25789 Huon Eldercare Inc - Care Relationships and Carer Support  
Service: 26708 Huon Eldercare Inc - Community and Home Support

**This performance report**

This performance report for Huon Eldercare CACP Service (NAPS 17168) (**the service**) has been prepared by K. Jarvie, 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 did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 Assessed** |
| **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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for the service.

Consumers and representatives confirmed consumers are treated with dignity and respect and valued as individuals. Staff demonstrated ways in which dignity and respect are practised, including ensuring consumers are listened to with their needs and choices acknowledged and valued. Documentation reviewed include information on what is important to each consumer in relation to their identity, care preferences, culture, and background.

Consumers and representatives stated staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff and management demonstrated an awareness of individual consumer cultural needs and confirmed receiving cultural awareness training.

Consumers and representatives were satisfied consumers’ can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Care documentation reviewed include consumer choices and decisions about care and services and reference any substitute decision makers.

Consumers and representatives advised consumers are encouraged to do things that they otherwise might not feel confident to do. Staff described supporting consumers to live their best lives by discussing risks and suggesting options to minimise risk. Management advised identified consumer risks are assessed, discussed with consumers/representatives, documented, and regularly reviewed. Care planning documentation reviewed show strategies to support consumers rights to take risks are in place.

Consumers and representatives reported receiving adequate information and assistance to make decisions about care and services delivered. Staff and management described various ways they communicate information to consumers who face challenges with communication, including the use of interpreters and written communication methods. Documentation provided to consumers include clear and accurate information on fees and charges, feedback and complaints, privacy and confidentiality, and the charter of aged care rights.

Consumers and representatives said they are satisfied that consumers’ personal information is kept confidential, and staff respect their privacy whilst delivering care and services. Staff provided practical ways consumer privacy and confidentiality is maintained. Management advised that all staff have access to privacy training and sign a privacy and confidentiality agreement. Consumer electronic files are password protected and consumer consent is obtained prior to any consumer information sharing.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives confirmed consumers receive effective services that meet their needs. Staff advised care planning conducted with consumers inform how consumer care and services are delivered. Management described an assessment and care planning process that considers risks to the consumer and informs effective service delivery. Documentation reviewed confirm assessment and planning processes are in place that use validated tools, such as falls risk, mini nutritional, cognition, and skin integrity screening assessments.

Consumers and representatives described consumer goals that were reflected in consumer care plans and confirmed recollection on discussions about advance care and end of life planning with case managers. Management described assessment and planning processes that capture consumer needs, goals, and preferences, including preferences for end-of-life care. These processes are documented in formal procedures, checklists, and templated care plans.

Consumers and representatives confirmed assessment and planning is based on ongoing partnership with consumers and those they wish involved. Management described how they keep consumers and families involved in assessment and planning processes. Care planning documentation reviewed show consumers, those consumers wish to be involved and other organisations and individuals are included in care planning discussions.

Consumers and representatives recalled being offered a copy of the consumer care plan. Staff said they have electronic access to consumer care plans at point of care. Documentation reviewed confirm care plans captured consumer’s needs, goals, risk mitigation strategies and services required in an easy-to-read format.

Consumers and representatives advised they are confident case managers can be contacted to request a review of services at any time. Staff described feeling comfortable to notify case managers if there was a need for a consumer review and expressed confidence that a review would occur. Documentation reviewed confirm there are processes in place to ensure currency and effectiveness of consumers’ care and services.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for the service.

Consumers expressed satisfaction with the personal care services provided by a team of competent staff. Staff demonstrated knowledge and confidence in how to complete individualised personal care for consumers. Management advised clinical care is subcontracted to other providers, which are managed via subcontracted arrangements. Care planning documentation reviewed include goals, interventions, and outcomes for consumers’ personal and clinical care needs.

Consumers and representatives described how high-impact or high-prevalence consumers risks are managed by the service. Staff articulated risk management strategies used during daily service delivery. Documentation reviewed confirm high-impact or high-prevalence consumer risks identified during assessment and planning processes are recorded in a vulnerability register maintained by the service. Consumer care planning documentation reviewed include detailed recommended interventions and strategies to manage high-impact or high-prevalence risks.

Management described how care and services for consumers nearing end-of-life are adjusted to maximise their comfort and preserve their dignity. This included the coordination and use of allied health and external palliative care professionals. The service has an end-of-life policy and procedure in place that specify staff are to receive training in end-of-life care.

Consumers described feeling confident that staff know them well enough to recognise signs of deterioration. Consumers expressed satisfaction with the response provided to reported deterioration. Staff demonstrated their ability to recognise and report consumer deterioration for appropriate follow up action. Management advised staff are provided ongoing training on the detection and response to consumer deterioration. The service has a deteriorating client procedure – home care that documents procedures to be undertaken by staff to recognise and respond to consumer deterioration.

Consumers and representatives advised regular staff delivering personal care to consumers know their needs and preferences. Staff and management described how information about consumers’ condition, needs and preferences is shared within the organisation via a centralised client management system. Management could also demonstrate timely communication with consumers’ general practitioners alerting them to changing consumer medical needs. Documentation reviewed confirm electronic service and priority notes available at point of care provide sufficient information for staff to complete care personalised to consumers’ needs and preferences.

Consumers and representatives confirmed the service makes appropriate referrals on behalf of consumers. Management interviewed and documentation reviewed illustrate timely and appropriate referrals are made to allied health professionals.

Consumers and representatives confirmed staff practice appropriate infection control practices, such as the use of masks whilst delivering care to consumers. Staff described practicing hand hygiene, undertaking rapid antigen tests and the use of appropriate personal protective equipment as required. Management interviewed, and documentation reviewed, confirm the service has appropriate infection prevention and control policies and procedures in place. In addition, whilst the service does not prescribe medication to consumers, management described procedures to promote appropriate antibiotic prescription in a home care environment. This included regular review of consumers using antimicrobial medication and consultation with the prescribing general practitioner.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for HCP, whilst 6 of the 6 applicable requirements are compliant for CHSP.

Consumers articulated how services, such as domestic and shopping assistance, supported and encouraged their independence by allowing them to focus on tasks still within their capabilities. Management interviewed, and documentation reviewed confirm, consumer care plans are created in collaboration with consumers, with an emphasis of achieving a balance between optimising consumer independence and offering useful assistance.

Consumers and representatives expressed confidence in the ability of staff to recognise and respond appropriately to consumers’ emotional and psychological well-being needs. Consumers spoke of the immense value social support services bring to their emotional and psychological well-being. Staff spoke of how they use body language and verbal cues to detect if consumers are feeling low and described appropriate actions taken to promote emotional and psychological well-being of consumers.

Consumers and representatives described how daily living supports, such as transport and social support services enabled consumers to participate within their community, have social and personal relationships, and do things of interest to them. Staff interviewed understood the value of services provided that supported social connections. Care planning documentation reviewed contain information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers and representatives were satisfied information provided to staff allowed for the provision of appropriate services without ongoing prompting from consumers. Staff described how they use the client management system to both receive and document consumer needs at point of care. Documentation reviewed confirm electronic service and priority notes available at point of care provide sufficient information about consumer’s condition, needs and preferences.

Consumers and representatives interviewed advised consumers generally did not need referrals to individuals and other organisations and providers of other care and services for daily living supports. Management advised discussions with consumers or representatives ensure referrals, such as to external social support groups are actioned in a timely manner.

Consumers receiving delivered meals expressed satisfaction with the quantity and quality of meals received. Consumers confirmed they are provided choice of meals and are asked about food preferences. Management interviewed, and documentation reviewed confirm consumer meal preferences are recorded.

Consumers expressed satisfaction with the suitability, effectiveness and maintenance of equipment purchased with HCP funds. Consumers and management interviewed, confirm equipment needs are assessed by allied health professionals prior to purchase. Management advised, and documentation reviewed, confirm equipment purchased through HCP funds is regularly scheduled for maintenance as required.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | Not Assessed |
| 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 | Not Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Assessed |

Findings

Standard 5, Organisation’s service environment was not assessed, as whilst the service has CHSP funding to provide social support groups, management advised social support groups are currently not in operation.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for the service.

Consumers and representatives described how they are encouraged and felt safe to provide feedback and raise complaints. Staff were knowledgeable on feedback processes available for consumers. Documentation reviewed confirm consumers are provided complaint pathway information via information packs and newsletters.

Consumers and representatives confirmed they are aware of ways to get support for raising and resolving complaints, including the use of family and friends as advocates. Management advised interpreter services are accessed as required. Documentation reviewed confirm consumers are provided information on their rights to be represented by external advocacy agencies.

Consumers and representatives expressed satisfaction with actions taken in response to feedback or complaints raised. Staff and management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer feedback and complaints. The service has an open disclosure policy and procedure with training provided to all staff.

Consumers and representatives advised they are generally satisfied consumer feedback is reviewed and used to improve the quality of care and services. Management advised that consumer feedback is discussed at senior management meetings, which the quality and compliance lead monitors. Management provided examples of changes made to processes because of consumer feedback. Documentation reviewed confirm consumer feedback and complaints are discussed in clinical management, integrated services, and staff meetings.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives advised consumers generally receive services from regular staff that are punctual and have sufficient time to complete their duties. Rostering staff described embedded processes in place to ensure unfilled essential services, because of unplanned staff leave, continue to be provided to consumers. Management confirmed workforce planning is discussed at staff and senior management meetings with staffing levels determined by the number of HCP and CHSP consumers. Review of staffing rosters confirm services are generally permanently allocated and align with consumer preferences.

Consumers and representatives described staff as kind, caring and respectful. Staff advised they were aware of individual consumer preferences and were able to provide practical examples of individualised respectful and compassionate care to consumers. Staff and management confirmed they have access to cultural awareness training inclusive of cultural safety in health care.

Consumers and representatives advised staff are competent and deliver quality care and services. Management confirmed position descriptions document qualifications and competencies required for the role. Qualifications and competencies are monitored for currency and followed up by the people and culture team. Management advised service agreements are in place for subcontractors and are currently in the process of reviewing subcontracting onboarding processes.

Consumers and representatives expressed confidence in the ability of staff who deliver care and services. Staff confirmed they are satisfied with ongoing training provided. Management advised staff participate in an induction and orientation program process and are supported by experienced staff via buddy shifts. Ongoing staff training is presented at staff meetings both face to face and online and recorded in a staff training register.

Consumers and representatives expressed satisfaction with staff performance. Staff and management interviews, and documentation reviewed confirm staff performance is regularly assessed, monitored, and reviewed, including during initial probationary periods and annual staff appraisals.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for the service.

Consumers and representatives advised they have had opportunities to have a say about service development, delivery and evaluation by a letter inviting their participation in a consumer consultative committee. Management interviewed, and documentation reviewed confirm, an initial consumer consultative committee meeting was held in March 2024. Management advised, and documentation reviewed confirm, consumer feedback is also regularly sought via feedback forms and surveys.

The service’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management interviews, and documentation reviewed confirm, the governing body meets bi-monthly to discuss management reports received containing insights on subcommittee meetings, feedback and complaint trends, and incidents.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear, and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.
* Management explained the service has implemented a new client management system in January 2024 to improve the timeliness of consumer monthly statements issued.

Continuous improvement

* The service seeks continuous improvement opportunities via internal and external audits, consumer surveys, quality activities and trend analysis of complaints, feedback, and incidents. Staff and management interviewed, and documentation reviewed, show continuous improvement plans are implemented and the continuous improvement register reviewed and updated appropriately.

Financial governance

* The organisation oversees financial governance through the provision of bi-monthly financial reports to the Board.
* Projected HCP consumer funds are recorded in the new client management system. HCP consumer unspent and overspent funds are monitored by senior management and discussed with case managers and consumers.

Workforce governance

* The organisation has a people and culture team that oversee workforce recruitment, staff performance and education.
* Staff were evidenced to have current position descriptions that included clear responsibilities and accountabilities.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* The organisation has a system in place to ensure complaints recorded in the risk register are reviewed to ensure they are effectively actioned using open disclosure practices and used to identify opportunities for continuous improvement.

Effective risk management practices and systems were demonstrated, for example:

* A risk management framework in place inclusive of a risk management plan, risk management policy and procedure, risk escalation procedure and flowchart, vulnerable consumer list and a risk register.
* The vulnerable consumer list is regularly reviewed and updated by case managers and the team leader. Identified vulnerable consumers are reviewed at least six monthly.
* Staff and management interviewed confirm online training on the identification and response to elder abuse and neglect has been completed.
* Policies and procedures reviewed promote a balanced approach to risk management, including the use of risk management assessments that enable consumer safety, enjoyment, choice, and sense of self.
* Staff are guided by the incident and risk management policy and procedure and have received training on the Serious Incident Response Scheme (SIRS).
* Staff confirmed reporting of incidents occur and incidents are registered in an incident management system. Incident data is collated, analysed for trends, and reported by the quality and compliance lead. SIRS is included in the clinical indicator report and provided to the clinical governance committee for review and discussion.

The service has a clinical governance framework in place which is overseen by a clinical governance subcommittee.

* Clinical governance policies and procedures in place include reference to antimicrobial stewardship, minimising the use of restrictive practices and the use of open disclosure.
* The clinical governance subcommittee meets bimonthly whilst clinical management and integrated services meets monthly and reviews clinical data to identify trends. This information is provided to the Board.
* Staff interviewed were able to describe the organisation’s policies regarding the use of restrictive practices.
* Whilst the service does not prescribe medication, management understood the importance of antimicrobial stewardship and described procedures to promote appropriate antibiotic prescription in a home care environment.

# Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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)