**Performance**

**Report**

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| Name of service: | Illawarra Retirement Trust - ACT |
| Service address: | 2 Joy Cummings Place BELCONNEN ACT 2617 |
| Commission ID: | 200958 |
| Home Service Provider: | Illawarra Retirement Trust |
| Activity type: | Quality Audit |
| Activity date: | 6 October 2022 to 11 October 2022 |
| Performance report date: | 2 November 2022 |

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 Illawarra Retirement Trust - ACT (**the service**) has been prepared by J Taylor, 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:**

* IRT - ACT Community Services - CACP, 17205, 2 Joy Cummings Place, BELCONNEN ACT 2617
* IRT - ACT Community Services - EACH, 17257, 2 Joy Cummings Place, BELCONNEN ACT 2617

**CHSP:**

* Social Support - Individual, 4-9LFFCUN, 2 Joy Cummings Place, BELCONNEN ACT 2617
* Personal Care, 4-9LEBN7Z, 2 Joy Cummings Place, BELCONNEN ACT 2617
* Domestic Assistance, 4-9LEBNMP, 2 Joy Cummings Place, BELCONNEN ACT 2617
* Flexible Respite, 4-7X9RPBW, 2 Joy Cummings Place, BELCONNEN ACT 2617

# 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 | **Not applicable as not all requirements have been assessed** |
| **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 applicable as not all requirements have been 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

Consumers and representatives interviewed provided consistent feedback of staff treating them with dignity and respect through their interactions. Additionally, consumers stated that staff made them feel valued as an individual by way of getting to know them and what is important to them.

The staff interviewed described how they provided culturally safe care and services to culturally and linguistically diverse (CALD) consumers. Consumer documentation reviewed demonstrated each consumer's needs and preferences, as well as what the consumer wanted the service to know about them as an individual informs the personalised services received.

Consumers and representatives interviewed described how the service supported them to make decisions regarding their care and services. Consumers elaborated on how the service works with them to ensure they receive care and services that are tailored to their needs and preferences. Staff interviewed demonstrated how they supported consumers to maintain community connections and relationships of their choice through the services provided. Staff described a holistic approach to care planning that enables them to capture and respect consumers' decisions.

The service demonstrated how risks to consumers are identified through the comprehensive assessment conducted. Referrals to other services or professionals are made when necessary with strategies to mitigate identified risk implemented in collaboration with the consumer and representative, where required.

Consumers and representatives interviewed confirmed they receive information in a format that was clear, and easy to understand and enables them to make informed choices and advised the service is approachable when seeking further information or clarification.

Staff interviewed demonstrated their knowledge and understanding of the importance of protecting privacy and confidentiality in the workplace including the consumers' homes. Staff provided practical examples of how they maintain privacy and confidentiality. The service evidenced various password-protected electronic systems in place where consumer and employee details are kept. Access to these systems is on a 'need to know' basis. Furthermore, the service ensures that information provided to a brokered or subcontracted service is tailored to the information that is relevant to the service being requested or provided.

In considering the information provided by the Assessment Team, I find this Standard as Compliant as six of six requirements are assessed as Compliant.

# 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

All staff sampled could describe risks to consumers health and wellbeing and how they care for consumers at risk. For example:

* A Registered Nurse (RN) interviewed, providing wound care to two consumers, highlighted the main the risk to these consumers was infection. The RN said she applies her training and uses best practice when treating and dressing wounds. The Assessment Team sighted communication between the RN and the consumers medical practitioners and specialists which included updates on the wound and treatment plans signed off by the medical practitioner.

Environmental risk assessments are undertaken by the service at least annually and evidence of occupational therapists being involved in the assessment was evident when risks to the consumer were identified in the home.

The service demonstrated assessment and planning identifies and addresses consumer’s current needs and goals. All care plans sampled demonstrated consumer goals and needs were recognised and actioned.

The service evidenced advanced care planning is discussed with HCP consumers and representatives at the time of each review.

Consumers and representatives interviewed said they are involved in making decisions regarding their care and services. For example:

* A representative interviewed said their Customer Relationship Manager (CRM) always keeps them up to date on services and involves them in any potential changes. The representative said the CRM is responsive to any communication and keeps them informed of their budget.
* Another representative said the CRM always involves them in decisions about their partners care as the consumer is profoundly deaf and this is the consumers preference.

The Assessment Team sighted communication between the service and General Practitioners seeking medical records which included consent from the consumer. All care plans sighted included a consumer story written in the consumer’s voice, including their goals and needs.

Consumers and representatives interviewed said the CRM’s go through their care plan with them before they sign it and they understand what care and services they are receiving. All consumers and representatives sampled said they have been provided with a copy of their care plan.

Care plans sighted by the Assessment Team showed evidence of reviews being undertaken when there has been a change in condition or circumstances for a consumer. For example:

* Following a hospital visit, due dates for regular reviews were sighted in care documentation sampled.

In considering the information provided by the Assessment Team, I find this Standard as Compliant as five of five requirements are assessed as Compliant.

# 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

The service demonstrated that consumers get safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Care plans for consumers sampled documented comprehensive information on consumer needs and preferences and provided detailed strategies to guide staff in delivering safe and effective care.

The Assessment Team noted high impact or high prevalence risks associated with the care of each consumer is documented with mitigation strategies contained in care planning documentation which is reviewed regularly or as needs change. The service stated following any review and/or change in condition, consumers that are identified as a high risk (for example, receiving wound care, frequent falls) are placed on the High-Risk Register which are discussed within the service to ensure improvements and progress are on track.

The Assessment Team sighted the policies and procedures relevant to supporting consumers end of life care including: Palliative Care, Emotional Support, Deterioration and Clinical Risk and Clinical Care which all provided guidance on assisting consumers to ensure their comfort is maximised.

The service demonstrated effective systems and processes are in place to ensure any deterioration or change in a consumer’s cognitive or physical function, and changes to capacity or condition is recognised and responded to in a timely manner. Care plans sighted by the Assessment Team reflect changes in consumers' condition and are reviewed regularly or as the consumer’s condition deteriorates. The services Clinical Risk and Deterioration Policy was also sighted by the Assessment Team.

The service demonstrated information about consumers’ care is documented and is communicated within the organisation and others where responsibility of care is shared. All support workers interviewed said they have access via a mobile application to detailed information which includes the consumers' needs and preferences.

The service evidenced timely referrals to other organisations are provided for consumers. For example:

* A consumer had a fall while a support worker was in attendance and contacted the service where a home visit by an RN was arranged for the same day to assess and treat a small wound in addition to a full clinical assessment. The service provided evidence showing the wound was re-dressed and reviewed weekly until resolved. Care planning documentation reviewed for this consumer evidenced when the wound had healed referral to a physiotherapist occurred to assist the consumer build their strength and mobility.

The Assessment Team sighted vaccination certificates. All influenza and COVID vaccinations were up to date for all staff. Policies and procedures on infection control and antimicrobial stewardship were sighted by the Assessment Team.

In considering the information provided by the Assessment Team, I find this Standard as Compliant as seven of seven requirements are assessed as Compliant.

# 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 | Compliant |

Findings

All consumers sampled reported that the service empowers them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. For example:

* A consumer’s representative said it is very important for their partner to have a clean house, however they no longer have the mobility to do this. Having domestic assistance each week supports this consumers well-being as having a clean house makes them happy.

Staff sampled said when they recognise a consumer is not their usual self, they will find the time to chat with the consumer and see if there is any way they can support them. Staff interviewed stated they will escalate concerns to their Customer Relationship Manager (CRM), if required. The Registered Nurse interviewed said if a consumer seems to be ‘off’, she will always have a chat and take their blood pressure and temperature.

All consumers and representatives sampled said the service enables them to participate in their communities, do things of interest to them, and maintain social and personal relationships. For example:

* A consumer said they are isolated as they no longer drive, and their mobility does not allow them to walk long distances. The consumer said the weekly shopping excursion with the support workers is very important to them as they can get out and see what is happening in their neighbourhood and usually run into someone they know at the shops.
* A consumer has indicated to the service they wish to participate in a monthly transgender lunch when they recover from surgery. The service has noted this discussion and will commence transport for this consumer to attend the lunch as soon as the consumer is ready. Transport services were noted in the consumers care documentation.

All support workers interviewed said they have access to detailed information that includes the consumers' needs and preferences via the service’s mobile application which enables them to obtain previous shift notes, write notes and to get current information and alerts on consumers they are caring for.

The service demonstrated timely referrals are provided for consumers to other organisations and allied health professionals, where required, as detailed in Standard 3(3)(f).

While the service does not provide meals, consumers are able to purchase meal deliveries through their Home Care Packages. Meal services are brokered through several meal providers and consumers are encouraged to contact the service should they have any concerns.

The service demonstrate how they assist consumers to utilise their HCP funding to obtain equipment that is fit for purpose and tailored to their specific needs. Equipment is inspected each visit for safety and usability and if any issues are identified, the service arranges for the equipment to be replaced/repaired on behalf of the consumer.

In considering the information provided by the Assessment Team over the course of the audit, I find this Standard as Compliant as seven of seven requirements are assessed as Compliant.

# 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 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 | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

# This standard is assessed as not applicable as services are not provided to consumers in a communal environment.

# 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

Consumers interviewed described the information in the welcome pack provided sufficient information regarding how to provide feedback to the service. Consumers stated they were comfortable and confident in contacting their Customer Relationship Manager (CRM) to discuss any concerns.

Documentation review demonstrated the service encouraged a culture of reporting from consumers and staff. Information reviewed as part of the welcome pack included a brochure 'do you have a concern or complaint' from the Commission. The pack also included a consumer handbook where instructions and contact numbers for the service were included. It also included the Charter of Aged Care Rights which describes the consumers' right to make a complaint. Consumers are also invited to complete the annual consumer satisfaction survey and participate in the consumer forums.

Consumers and representatives interviewed advised they were aware of advocacy and interpreter services through information provided by the service. Consumers described how they were confident and comfortable providing feedback through the staff, as they were approachable. Review of the service's Home Care Feedback and Complaints Policy demonstrated information on various internal methods (e.g., phone calls, emails, written forms, via employees, surveys, etc.) of providing feedback and making complaints is provided to consumers. This policy also listed various external channels' contact information to support the consumer in making a complaint including contact information of several advocacy and interpreter services.

The service's open disclosure practices were embedded in the Feedback and Complaints Policy. The policy specified that a formal complaint is acknowledged in 2 days and investigation and resolution be within 15 days. Review of the complaints register evidenced these timeframes were adhered to.

The service demonstrated feedback and complaints were reviewed monthly by management to identify trends and opportunities for improvement which were then tabled at Governance Committees for discussion and action.

In considering the information provided by the Assessment Team, I find this Standard as Compliant as four of four requirements are assessed as Compliant.

# 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

Consumers and representatives interviewed were very happy with the quality of work they received from the staff. Staff interviewed stated that they never rush consumers, even when they are running behind schedule, and contact the service where this occurs to inform the next consumer on their list.

All consumers and representatives interviewed expressed their satisfaction in their interactions with the staff. Consumers interviewed stated that the staff were very nice and always treated them in a caring manner and with kindness. The service demonstrated how they foster a kind, caring, and respectful culture through local culture workshops. Staff are provided training on the Aged Care Quality Standards, policies and procedures and the code of conduct outlined the service's expectations on staff behaviour.

Staff interviewed explained that the service has annual mandatory training which involved skills assessment to ensure their competency in performing their roles. Staff also stated that the service supports them to achieve training/education goals. The service demonstrated systems in place to monitor currency of police checks, registrations, insurance, driver’s licence, first aid and CPR certifications with an internal electronic system alerting staff before expiration of certification.

All staff interviewed confirmed they had participated in the induction and orientation process on commencement with mandatory and optional online training programs. Staff elaborated that their tasks and duties were explained to them on commencement, and a position description outlined the expectations of their role.

Staff interviewed confirmed that they had completed their recent performance appraisals. An employee stated that when she requested to obtain her Certificate III in Individual Support, the service accommodated this.

In considering the information provided by the Assessment Team over the course of the audit, I find this Standard as Compliant as five of five requirements are assessed as Compliant.

# 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

The service demonstrated various methods of engaging consumers in the development, delivery, and evaluation of care and services through monthly Moving On Audits, annual satisfaction surveys, customer focus groups, and regular consumer care plan reviews. The service demonstrated how the outcome of consumer engagement fed through to the continuous improvement plan.

Board meeting minutes reviewed demonstrated the board receives updates from various business units, committees and subcommittees to inform the delivery of safe, inclusive and quality care and services. The service evidenced regular training to staff covering the provision of culturally safe and inclusive care and services.

**Information Management**

The workforce described how information was readily accessible from consumer-related information, learning and development training information, forms, policies, and procedures which enabled them to perform their roles effectively and efficiently. Staff added that systems were password-protected, and they confirmed education was provided on how to access information and ensure information remained secure.

**Continuous Improvement**

The service demonstrated that adequate governance systems in place to identify and implement continuous improvement activity. Continuous improvement activity is discussed in various forums with opportunities for improvement of benefit the whole organisation escalated to a committee at an organisational level for action. For example:

* The implementation of a Prioritisation Framework enabled staff to easily prioritise consumer care and services based on a set of criteria.

**Financial Governance**

The service provided verbal confirmation and documentary evidence to the Assessment Team of financial reporting to the governing body to ensure adequate financial oversight. The weekly financial report sighted by the Assessment Team included the number of packages tracking, consumer numbers breakdown for each area, number of the consumer against budgets, discharges and unspent funds, consumer upgrades, and forecasting among others.

The service evidenced a 3-year rolling internal audit plan which included financial governance. The service also engages an annual external audit on prudential compliance.

**Workforce Governance**

The service demonstrated that it met this requirement through adequate oversight during recruitment, onboarding, monitoring, and evaluation of its workforce. The service demonstrated staff undergo induction and orientation processes and receive training and support to succeed in their roles with clearly defined position descriptions.

The service demonstrated both staff and subcontracted employee qualifications, vaccination status, first aid, CPR, driver’s license, insurance information and relevant police checks were captured and maintained with the services electronic system and effectively monitored.

**Regulatory Compliance**

The service demonstrated that this requirement was met through oversight of relevant regulatory and legislative changes. The service demonstrated information on changes that were relevant to the business unit are communicated to local teams through the Business Manager via meetings or emails.

**Feedback and Complaints**

Review of the feedback and complaints governance process indicated consumers and representatives are provided opportunities and methods to raise feedback or raise concerns. The service demonstrated feedback and complaints data is collected, trended, analysed and actioned as continuous improvement opportunities and reported to the Governance Committee.

Staff interviewed stated that identification of risk was part of the comprehensive assessment process undertaken with consumers to provide better supports to live independently and assist in the delivery of quality care and services. The service evidence implementation of a High-Risk Consumer Register in mid-2021 which supports decision making processes when identify risk ratings assigned to consumers. The service provided documentary evidence that the Quality and Safety in Home Services - 5 Key Areas of Risk paper has been disseminated to the leadership team with work underway to strengthen the service's current policies and procedures.

Staff interviewed confirmed training is provided by the service to identify signs and symptoms which may indicate abuse and neglect. Staff demonstrated an understanding of the application of the training through discussing examples of potential warning signs of abuse such as unusual behaviour, unexplained or unintentional weight loss and bruises.

The service demonstrated how consumers are supported to live the best life they can through comprehensive care assessment and documentation, timely identification of risks and respecting consumer choice in the provision of care and services. This is supported through the services Dignity of Risk Policy.

The service demonstrated it had effective clinical governance systems in place which ensured the delivery of safe, quality clinical care with a commitment to continuously improve its services. The Clinical Governance Framework outlined the service's approach to promoting consumers' health and well-being. The framework specified the roles and responsibilities of the board, executive team, managers, advisors, staff, and health practitioners.

The service's Central Quality Use of Medicines Committee's Terms of Reference were reviewed and noted to detail the purpose, conduct, reporting responsibility members, and frequency of meeting.

The service evidenced a Home Care Restrictive Practices Policy and procedure to provide guidance to staff on the management of restrictive practices. The service demonstrated the open disclosure process was embedded in the service's risk and complaint management system which could also link it to their continuous improvement plan.

In considering the information provided by the Assessment Team over the course of the audit, I find this Standard as Compliant as five of five requirements are assessed as 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)