**Performance**

**Report**

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| Name: | ILSA Home Care |
| Commission ID: | 700994 |
| Address: | 23 Victoria Street, PARRAMATTA PARK, Queensland, 4870 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 9196 FNQ Independent Living Support Association Inc  
Service: 26977 ILSA Home Care Services

**This performance report**

This performance report for ILSA Home Care (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 22 December 2024.
* Other information known to the Commission.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Actions to ensure that assessment and planning informs the delivery of care for all consumers who receive clinical care. Actions are monitored and assessed for their effectiveness.
* Actions to ensure that a Clinical governance framework is effective. Actions are monitored and assessed for their effectiveness.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers were treated with dignity and respect. Consumers and representatives were satisfied consumers were treated with dignity and respect and consumers’ identity, culture and diversity was valued. The service had processes to identify consumers’ cultural backgrounds. Staff were guided by a policy and were provided with relevant training.

Care and services were culturally safe. Consumers and representatives were satisfied with the quality of care and services provided. The service had processes to identify consumers’ preferences in relation to their cultural safety. Staff were guided by a policy and were provided with relevant training.

Consumers were supported to exercise choice and independence. Consumers and representatives were satisfied with the delivery of care and services, including choice and decision making. The service had effective processes to support consumers to exercise choice and independence. Staff understood how to support consumers to make their own decisions and be independent.

Consumers were supported to take risks to enable them to live the best life they could. Consumers and representatives were satisfied with the quality of care and services provided. The service had effective processes to support consumers to take risks. Staff understood how to support consumer risk taking.

Consumers were provided with information that was clear, timely and accurate. Consumers and representatives were satisfied with the provision of information. The service had systems to ensure consumers were provided with initial and ongoing information that was designed to keep consumers informed about their home care package. A welcome pack included information about home care packages and funding, fees, consumers’ advocacy rights, how to provide feedback and make a complaint, information privacy, safety and the service’s contact details.

Consumers’ privacy was respected and personal information was kept confidential. Consumers and representatives were satisfied with privacy and the management of consumer’s information. The service had policies to guide management and staff including a privacy policy, a confidentiality policy and an information management policy. Staff understood how to ensure consumers’ privacy was respected and how to ensure personal information was kept confidential.

I have considered the assessment team report and the service provider’s response. Based on the information summarised above I am satisfied the Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not 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

In relation to Requirement 2)3)(a)

The assessment team brought forward information that the organisation did not undertake initial and ongoing assessment and planning to minimise risks and inform the delivery of safe clinical care, specifically for consumers who self-manage their home care packages in relation to clinical care needs.

The provider initiated a number of strategies to reduce the risk to consumers including:

* An email dated 30 November 2023 sent to the client managers and staff advising them that an action plan had been developed to manage the clinical care needs of 2 named consumers.
* An action plan was developed in relation to ongoing clinical oversight required for 2 named consumers, specifically wound management, skin integrity and the application of compression stockings.

Actions taken by the provider since the Quality Audit include:

* Support staff received training from a registered nurse in application of minor dressings for skin tears and application of compression stockings in the event a registered nurse is unavailable.
* Care plans for 2 named consumers were updated in consultation with the consumers to reflect that consideration of risk to the consumer’s health and well-being informed the delivery of safe and effective care and services.
* A registered nurse commenced wound dressing and stocking applications for 2 named consumers on 4 December 2023.
* Communications with 2 named consumers evidenced satisfaction with the changes to their care plans as well as the delivery of clinical care by registered staff.
* To increase oversight and management of third party providers, a checklist and survey was implemented.
* Implementation of a clinical governance framework.

I have reviewed the provider’s response and considered the assessment team report. I am of the view that while the provider has taken appropriate action to minimise risk to the 2 named consumers who receive clinical care, the information provided within the response did not establish how the service will ensure that 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 for all consumers, including consumers that were receiving medication prompting and allied health services such as podiatry, occupational therapy, physiotherapy, exercise physiology and speech pathology. I am not satisfied the actions taken by the provider has addressed the overall system deficiency identified by the assessment team for all consumers who receive clinical care. I do not believe the continuous improvement strategies proposed have had sufficient time to be embedded within the service to ensure their effectiveness. I am of the view Requirement 2)3)(a) is Not Compliant.

In relation to Requirements 2)3)(b), 2)3)(c), 2)3)(d), 2)3)(e)

Consumers and representatives said consumers received care which met their needs, goals and preferences. Consumers who were supported to engage in social and community activities chose the locations they would like to visit. Care planning documents detailed the services the consumer received. Advance care planning processes were informal, however where a consumer had provided their end of life wishes, this information was included in their care planning documentation. Staff were aware of processes to follow if consumers did not respond to a scheduled visit.

Consumers and representatives said they were involved in the planning and review of the services consumers received. Care and service provision was flexible to enable consumers to attend appointments or do things of interest to them. Staff worked with the consumer and other organisations to meet the needs of the consumer.

The service maintained hard copy and electronic care planning documentation that was accessible to staff. Consumers and representatives were offered a copy of their care and services plan. Consumers said the services and their frequency was explained to them on commencement and when changes occurred. Staff had access to care planning documentation containing information to provide services in line with consumers’ preferences.

Consumers and representatives said the service regularly communicated with them about the services received and made changes to meet their current needs. Care documentation was reviewed on an ongoing basis and when consumers’ needs changed. The assessment team raised that care planning documentation was not consistently individualised and contained limited information to guide staff, however staff had knowledge of consumers care and services consistent with consumers’ needs, goals and preferences.The provider did not provide a response to this information.

Overall, upon review of the information within the assessment team report and the provider’s response I find Requirement 2)3)(a) not compliant, therefore the overall compliance of the Standard is Not Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

In relation to Requirement 3)3)(a)

The assessment team report brought forward information that the service provider did not demonstrate that consumers requiring clinical care received care that met their assessed care needs, specifically in relation to wound management. The assessment team report brought forward information that:

* The service provider did not understand that they were accountable for the delivery of clinical care to consumers.
* Two named consumers were receiving clinical care from the service’s staff including wound care and the application of compression stockings for the management of oedema.
* Staff did not have strategies to guide their practice in relation to providing clinical care.

Management initiated a number of strategies to reduce risk to consumers including:

* An email dated 30 November 2023 sent to the client managers and staff advising them that an action plan had been developed to manage the clinical care needs of 2 named consumers.
* An action plan was developed in relation to ongoing clinical oversight required for 2 named consumers, specifically wound management, skin integrity and the application of compression stockings.

Actions taken by the provider since the Quality Audit include:

* Staff received training from a registered nurse in application of dressings for skin tears and application of compression stockings in the event a registered nurse is unavailable.
* Care plans for 2 named consumers have been updated in consultation with the consumers to reflect that consideration of risk to the consumer’s health and well-being informs the delivery of safe and effective care and services.
* A registered nurse commenced wound dressing and stocking applications for 2 named consumers on 4 December 2023.
* Communications with 2 named consumers evidenced satisfaction with the changes to their care plans as well as the delivery of clinical care by registered staff.
* Implementation of a checklist and client survey to increase oversight and management of third party providers.
* Implementation of a clinical governance framework.

I have reviewed the provider’s response and considered the assessment team report. I am of the view the provider has taken appropriate action to minimise risk to consumers who receive clinical care specifically in relation to their wound care. I am satisfied the actions taken by the provider has addressed the deficiency identified by the assessment team. I believe the service has evaluated the effectiveness of the continuous improvement strategies implemented and received positive consumer feedback about the changes to and management of their care and services. I am satisfied Requirement 3)3)(a) is compliant.

In relation to Requirement 3)3)(e)

The assessment team report brought forward information care documentation did not identify effective communication of consumers condition, needs and preferences in relation to clinical care including:

* Clinical care information for 2 named consumers was not documented in relation to wound management and application of compression stockings for the management of oedema.
* Staff did not have sufficient information to guide their practice.

The provider initiated a number of strategies to reduce the risk including:

* An email dated 30 November 2023 sent to the client managers and staff advising them that an action plan had been developed to manage the clinical care needs of 2 named consumers.
* An action plan was developed in relation to ongoing clinical oversight required for 2 named consumers, specifically wound management, skin integrity and the application of compression stockings.

Actions taken by the provider since the Quality Audit include:

* Care plans for 2 named consumers were updated in consultation with the consumers to ensure information about the consumers condition was documented and communicated within the organisation and to others.
* Communications with 2 named consumers evidenced satisfaction with the changes to their care plans as well as the delivery of clinical care by registered staff.

I have reviewed the assessment team report and the provider’s response. I am satisfied the actions taken by the provider has reduced the risk to consumers. Consumers provided positive feedback about the clinical services they were receiving. Review of information within the providers response evidenced information is documented within consumer care plans to inform the organisation and others. I am satisfied Requirement 3(3)(e) is Compliant.

In relation to Requirement 3)3)(b), 3)3)(c), 3)3)(d), 3)3)(f) and 3)3)(g)

There are processes to identify and monitor risks and modify practices accordingly. Risk assessments were undertaken for consumers identified as having high impact or high prevalence risks such as falls and swallowing difficulties.

The needs, goals and preferences of consumers nearing end of life were recognised and addressed, their comfort maximised and their dignity preserved. The service had established relationships with palliative care specialists and worked in partnership with palliative care teams to meet consumers’ needs and end of life wishes.

Deterioration in a consumer’s capacity or condition was recognised and responded to in a timely manner. Staff visit consumers regularly and could identify deterioration or change in a consumer and report this to the client manager for follow-up. Review of consumer care planning documentation identified that staff were not always documenting changes in file notes however consumers and representatives confirmed that the service responded in a timely manner when deterioration in a consumer’s capacity was identified.

Consumers were satisfied with referrals to other organisations, including allied health services. Where a need was identified, the service referred consumers to other organisations to provide care and services that addressed the consumers’ assessed needs. Consumers engaged the services directly as a self-managed component of their Home Care Packages.

Management and staff understood the practical ways to minimise the transmission of infections. Staff had access to sufficient supplies of PPE. The service did not have a policy specific to the use of antibiotics, however had policies relevant to outbreak management and maintained records of staff vaccination status. Consumers confirmed that staff followed standard infection control protocols, including handwashing and the use of appropriate PPE.

Overall, consumers provided positive feedback in relation to services received and I am satisfied risk to consumers has been minimised. I have reviewed the information within the assessment team report and the provider’s response. Based on the information summarised I find the Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were satisfied with the services and supports received to help them maintain their quality of life and independence. Social and community activities were tailored to support the individual consumer for example for domestic assistance and shopping.

Consumers said the workforce provided emotional support by listening to the consumer and designing activities to meet consumer needs.

Consumers confirmed the organisation enabled them to maintain their social networks and do the things that are important to them. Service delivery was adjusted when situations changed, to ensure consumers’ goals and preferences were being met.

Consumers were satisfied that information about their needs and preferences was shared within the organisation and with others involved in their care. The service kept staff informed of consumers’ needs, preferences as well as changes to the consumer’s condition. Risk notifications were sent via staff’s mobile devices and in the electronic care documentation system to alert staff to any changes.

Consumers could access additional home supports from other organisations through their Home Care Packages. Recommendations for other organisation which may be useful for consumers were made by the service as required and the consumer could engage services directly through self-management of their HCP.

Consumers provided positive feedback about the choices they had in relation to meal services. Consumers received support with preparing meals in their home and others engage the services of pre-prepared meal providers.

Where equipment was sourced for consumers to use in their homes, consumers said the equipment was suitable and met their needs. Management assist consumers to purchase equipment that meets the consumers’ assessed needs.

I have reviewed the assessment team report and the provider’s response. Consumers provided positive feedback about the services they are receiving. Based on the information summarised I find the Standard is Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers, their representatives and others were encouraged and supported to provide feedback and make complaints. Information was provided about the multiple ways feedback could be provided. Staff were aware of the service’s complaints processes and how to support consumers to make complaints.

Consumers were provided with information about how to access advocates, language services and external complaints processes. Staff were aware of how to assist consumers to use an advocate or make a complaint through an external organisation.

Appropriate action was taken by the service in response to a complaint while using an open and transparent process. Consumers and representatives were satisfied with the service’s actions in response to complaints. A complaint management policy guided management and staff and a complaints/feedback register was used to record relevant information.

Feedback and complaints were reviewed by the management team and where relevant, used to improve the quality of care and services. Consumers and representatives were satisfied with improvements in response to feedback or complaints. A policy directs staff to consider consumer feedback as an input into continuous quality improvement.

I have reviewed the assessment team report and the provider’s response. Consumers provided positive feedback about the complaints process. Based on the information summarised I find the Standard is Compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

In relation to 7)3)(d)

The assessment team report brought forward information that the service provider did not demonstrate the workforce was recruited to deliver the outcomes required by the standards. The assessment team report brought forward information that:

* Management were unaware the service was delivering clinical care.
* Clinical care assessments were not undertaken by a registered staff member because one had not been recruited
* Clinical care was not documented by registered staff to guide staff practice.
* Wound care practices were unsupported by registered staff

Management initiated a number of strategies to reduce risk to consumers including:

* An email dated 30 November 2023 sent to the client managers and staff advising them that an action plan had been developed to manage the clinical care needs of 2 named consumers.
* An action plan was developed in relation to ongoing clinical oversight required for 2 named consumers, specifically wound management, skin integrity and the application of compression stockings.

Actions taken by the provider since the Quality Audit include:

* Staff received training from a registered nurse in application of minor dressings for skin tears and application of compression stockings in the event a registered nurse was unavailable.
* A registered nurse commenced wound dressing and stocking applications for 2 named consumers on 4 December 2023.
* Communications with 2 named consumers evidenced satisfaction with the changes to their care plans as well as the delivery of clinical care by registered staff.
* Implementation of a checklist and client survey to increase oversight and management of third party providers.
* Implementation of a clinical governance framework.

I have reviewed the assessment team report and the provider’s response. I am satisfied the actions taken by the provider has reduced the risk to consumers. Review of information within the providers response evidenced registered staff have been employed and consumers have provided positive feedback about the clinical services they are receiving. I am satisfied Requirement 7(3)(d) is Compliant.

In relation to Requirements 7)3)(a), 7)3)(b), 7)3)(c) and 7)3)(e)

The number and mix of workforce members was planned to meet the care and service needs of consumers. Consumers and representatives were satisfied workforce members provided safe and quality care and services. Workforce planning was managed in consultation with consumers and their representatives.

Workforce members were kind and caring. Consumers and representatives were satisfied with staff interactions. Staff were trained to ensure interactions with consumers were kind and caring.

The workforce was competent and workforce members had the qualifications and knowledge to effectively deliver care and services that met consumers’ preferences. Consumers and representatives were satisfied with the skills and qualifications of staff. Staff competencies were assessed annually including a range of topics relevant to the Quality Standards.

The service reviewed the performance of members of the workforce. The service had developed a Performance management policy to guide management and staff.

Overall, consumers provided positive feedback in relation to services received and I am satisfied risk to consumers has been minimised. I have reviewed the assessment team report and the provider’s response. Consumers provided positive feedback about the service’s human resources management. Based on the information summarised I find the Standard is Compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

In relation to Requirement 8)3)(e)

The assessment team report brought forward information that the service provider did not demonstrate the organisation had a clinical governance framework. The assessment team report brought forward information that:

* The organisation were of the view the service did not deliver clinical care services. The assessment team found the service was providing clinical care including consumers that were receiving medication prompting and allied health services such as podiatry, occupational therapy, physiotherapy, exercise physiology and speech pathology. The Aged Care Act 1997 establishes the Quality of Care Principles and under Schedule 3, Part 1 of the Principles, it states that clinical care includes ‘nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services.’
* Staff confirmed clinical nursing care was provided.
* Allied health services were being provided.

Management initiated a number of strategies to reduce risk to consumers including:

* A copy of a Clinical governance framework approved by the management committee on 18 December 2023. The provider’s response advises:
  + The framework was designed using the Commission’s resources.
  + The framework supports management to monitor and review the performance of the providers used by consumers.
* Care plans were updated for 2 named consumers.
* Staff received training from a registered nurse.
* The provider states care notes were monitored by management daily.

I have reviewed the provider’s response and considered the assessment team report. While the provider has taken appropriate action to minimise risk to consumers who receive clinical care as well as implemented a clinical governance framework, I am of the view the framework has not had sufficient time to be embedded within the service to ensure its effectiveness. There was insufficient evidence to demonstrate that the continuous improvement action has been delivered to relevant staff, monitored and evaluated to ensure its effectiveness. I am of the view Requirement 8)3)(e) is Not Compliant.

In relation to Requirements 8)3)(a), 8)3)(b), 8)3)(c) and 8)3)(d)

The organisation engaged with consumers in the development and evaluation of care and services. A policy manual guided management and staff. Consumers and representatives were satisfied with the quality of care and services provided. A Consumer Advisory Body was established, surveys were conducted with a high level of satisfaction reported.

The Governing Body promoted and was accountable for the delivery of safe, inclusive and quality care and services. The Governing Body met regularly to monitor the quality of care and services. Consumers and representatives were satisfied the organisation provided safe, inclusive and quality care and services. Policies and procedures were in place to support quality care.

Organisation wide governance systems have been implemented. The organisation had implemented systems to manage information. The organisation had an information management policy to guide management and staff. The Assessment Team identified evidence of organisational deficiencies in governance systems related to information management (care and service plans did not include directives for clinical care) and regulatory compliance however this has been considered under other Standards. The organisation had implemented systems to manage continuous improvement. The organisation’s quality control policy covered quality monitoring and auditing, continuous quality improvement and the operation of the continuous improvement register. The organisation had a financial management policy that covered, internal controls against fraud and corruption and the expense payment processes. The organisation had policies to guide management and staff in workforce governance. The organisation had established links to internet services that provided updates on aged care regulations. The service also received updates via newsletters and webinars. The organisation had developed policies to implement various aged care regulations. The organisation had a policy to guide management and staff in feedback and complaints. The policy included a complaint management flowchart that set out the specific steps management are to take to ensure prompt resolution.

The organisation had established risk management systems and practices. Policies to manage risk were implemented. Consumers and representatives were satisfied risks were effectively managed. Staff were aware of the organisation’s risk management processes including for but not limited to abuse, neglect, violence and exploitation, incident reporting – minimising the risk of reoccurrence, disaster management, risks in a consumer’s home. The assessment team report identified evidence of organisational deficiencies in the management of potential risk, as management were unaware staff were providing clinical care. This has been considered under other Standards and Requirement 8)3)(e).

Overall, upon review of the information within the assessment team report and the provider’s response I find Requirement 8)3)(e) Not Compliant, therefore the overall compliance of the Standard is Not 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)