**Performance**

**Report**

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| Name: | Inasmuch Community Inc |
| Commission ID: | 200089 |
| Address: | 18 Iverison Road, SUSSEX INLET, New South Wales, 2540 |
| Activity type: | Quality Audit |
| Activity date: | 14 February 2024 to 15 February 2024 |
| Performance report date: | 18 April 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: 1239 Inasmuch Community Limited  
Service: 17569 Inasmuch Caring Centre

**This performance report**

This performance report for Inasmuch Community Inc (**the service**) has been prepared by Gill Jones, 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 Approved Provider’s response to the Assessment Team’s report received 11 March 2024.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they/the consumer they represented is treated with dignity and respect and their culture and diversity was valued. Care planning documentation includes information on cultural and other diversity requirements. Staff were able to provide examples of how they treat consumers in a respectful manner ensuring the dignity of the consumer is maintained. It was observed that care staff and management treat consumers with dignity and respect and value the consumer’s culture and diversity.

Consumers and representatives interviewed about cultural safety were satisfied the supports and services they receive are culturally safe. Care staff and managers could speak to the specific cultural safety requirements of consumers. Cultural safety requirements are documented in the care plan and care staff have access to this information. Training on cultural safety is in place with further training planned.

Consumers and representatives were satisfied they were included in making decisions and supported to exercise choice and independence and develop and maintain relationships. Consumers/representatives provided a range of examples of how this is done. Care staff and managers provided examples of how they support consumers to make choices and be independent. Decisions are documented in a care plan that is reviewed regularly.

Interviews with consumers and representatives demonstrated they were being supported to live the best life possible. Consumers provided examples of how this is done. Care staff and management demonstrated an understanding of dignity of risk, with these discussions documented in the progress notes.

Consumers and representatives interviewed were familiar with some of the information they were provided with by the service but not all. Management acknowledged the need to streamline the information provided to consumers and representatives to assist in ensuring their understanding. However, most consumers interviewed about their care plans and budget found this documentation easy to understand and knew how to access assistance if they needed further explanation.

Consumers/representatives were satisfied their privacy is respected, and personal information is kept confidential and provided examples of how this is done. Care staff and management were able to provide examples of how they respected consumer’s privacy and maintain confidentiality of personal information. A review of the service’s privacy policy, and information on privacy in the Home Care Agreement found these documents do not fully align with the Privacy Act 1988 but management agreed to address this.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 1. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find six of the six requirements in Standard 1 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. | 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

Consumers/representatives said that they receive the care and services they need, and they are partners in the care planning process. On commencement of services, a comprehensive assessment using validated tools is completed by a registered nurse, risks identified have interventions incorporated into consumer care plans. Staff described the care planning process, and how it informs delivery of safe and effective care and services. Policy and procedures support the planning of care that considers consumers’ choices and right to take risks while informing the delivery of safe and effective care and services.

Consumers/representatives said that services meet their current needs and preferences. Staff described what is important to consumers in how their care is delivered. Care plans reflected consumers’ individual needs and preferences and reflect that advanced care and end of life care needs are discussed with consumers.

Consumers said they are actively involved in the assessment, planning and review of their care and services. Relevant staff described their role in partnering with consumers and/or their representatives to assess, plan and review care and services. There was evidence of clear lines of staff responsibility for the assessment, planning, and review of care and services plans. Care documentation showed evidence of coordinated assessment and planning involving relevant organisations, individuals, and service providers.

Consumers said they have a copy of their care plan and that it meets their needs, goals, and preferences. Consumers said staff explained the outcomes of assessments undertaken. Staff described how they communicate to consumers and document the outcomes of assessment and planning. Care staff said care plans are accurate and contain enough detail to deliver appropriate and correct care and services for the consumer.

The service has processes that guides regular review of care and services being delivered and when circumstances change or when incidents impact the needs, goals, and preferences of consumers. Staff explained how they contribute to reviews. Consumers/representatives said the service regularly communicates with them about care and services, seeks feedback, and makes changes to meet current needs, goals, and preferences.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 2. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find five of the five requirements in Standard 2 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

Consumers/representatives said they are satisfied care provided meets their needs and optimises their health and well-being. Staff demonstrated they were familiar with the personal and clinical care needs of consumers and were adequately trained to provide care needed. Care plans contained care that is safe, effective, and specific to each consumer. The service had a suite of policies in place to support the delivery of personal and clinical care, accessible to all staff that drives evidence based practice.

Consumers/representatives were satisfied that high impact or high prevalence risks are effectively managed. The service has policies and procedures to capture any adverse events which occur so that investigation of the cause can occur to inform any risk mitigation strategies required. Documentation contained effective identification of risk, and strategies to manage these were recorded in consumer care files.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Staff were able to speak to the broad principles of maintaining dignity and maximising comfort if they were to care for consumers who are nearing the end of their life. Care documentation reviewed demonstrated care provided to a consumer preserved their dignity and sought to maximise their comfort.

Consumers and representatives said they are satisfied with the delivery of care, including the recognition of deterioration or changes in their condition. Staff provided recent examples of when deterioration or change in a consumer’s condition was recognised and responded to. Care staff said management is responsive when they report any changes in consumers’ conditions. Documentation demonstrated deterioration in a consumer’s health or function is recognised and responded to.

Consumers/representatives were satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through verbal handover processes, review of progress notes, and accessing care plans. Care staff demonstrated current knowledge of consumer changes in care needs and knew where to access the most current information.

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Consumers/representatives said the service has referred them to appropriate providers, organisations, or individuals to meet their care needs and they are satisfied the referral processes are timely and appropriate. The service detailed a list of referral agencies it has links with, which included allied health providers other services. Care documentation demonstrated referrals made are appropriate and timely.

Consumers/representatives said they were satisfied with the measures the service has in place for the management of COVID-19 and the minimisation of other infection-related risks. The workforce demonstrated an understanding of precautions required to prevent and control infection and had access to the necessary personal protective equipment. The service has a staff vaccination program and records are maintained for influenza and COVID-19 vaccinations.

Staff demonstrated sound understanding of the principles of antimicrobial stewardship and said they can access the provider infection prevention and control lead and/or clinical manager from the residential facility when needed or requested. The service records consumer infections they are made aware of on their incident register.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 3. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find seven of the seven requirements in Standard 3 compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they are supported to do the things they are interested in and explained how services support their independence, health, well-being and having a good quality of life. Support workers described how they take consumers on outings of their choice to optimise their well-being and quality of life. Staff described how their care planning process partners with consumers to identify needs, goals, and preferences, and how services are designed to support consumer independence, well-being, and quality of life.

Consumers’ emotional, spiritual, and psychological well-being is promoted. Staff explained how they support consumers well-being and care documentation showed how consumers experiencing a decline in their emotional, spiritual or psychological well-being are followed up and supported.

Consumers are supported to participate in their community in a way that interests them and enables social connectedness. During the initial assessment goals for consumers are established including any social activities that are important to them which guides service provision, supporting consumers to meet their goals.

Information about consumers condition, needs and preferences was demonstrated to be shared within the organisation and with others involved in consumer care. Consumers provided evidence of staff communicating with each other about their needs. Staff said they have information that allows them to care for the consumer and information about the consumer, including their needs and condition is included in the documentation system.

Consumers’ care planning documentation showed that the service liaises with brokered providers to support the diverse needs of consumers. Staff provided examples of and documentation sampled demonstrated consumers being referred to other providers of care and services in a timely and appropriate manner.

Where equipment is provided it is safe and suitable. Staff notify management of any equipment that appears to need repair or replacement. Consumers stated that equipment is suitable and safe and that they would contact management if they had concerns. The service refers consumers to an occupational therapist or physiotherapist if needed to inform the purchase of suitable equipment.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 4. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find six of the six requirements in Standard 4 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/representatives are encouraged and supported to provide feedback and make complaints. Of the consumers/representatives interviewed who had not need to make a complaint, they saidthey were confident to do so. Of the consumers/representatives interviewed who had made a complaint, all were satisfied with the outcome. Information is provided to consumers on how to make a complaint/provide feedback in the consumer information pack provided to them.

Only a minority of consumer/representatives interviewed knew about access to advocates and had not required language services to assist in raising a complaint however, information on advocates is included in the consumer information pack. The service has recently introduced a new strategy to further inform consumers about making a complaint and access to advocacy by sending information with the monthly budget statements on how to make a complaint and seek support from OPAN, the Senior Rights Service and the Aged Care Quality and Safety Commission.

Overall appropriate action is taken in response to complaints and an open disclosure process is used. Consumers/representatives who had made a complaint were satisfied with the outcome. Most care staff interviewed were aware of the service’s complaints management process and could describe an open disclosure being used. The complaints register demonstrated appropriate action being undertaken in response to complaints and open disclosure being used.

The complaints/feedback register was reviewed by the Assessment Team and noted to describe the nature of the feedback/complaint, action taken and for complaints when it was closed. Most complaints were about care staff, missed services, or a service being provided when the consumer had cancelled it. Most feedback was about wanting the same care worker or being notified of changed times. Complaints/feedback are a standing agenda item at the clinical governance working group meetings where they are reviewed for continuous improvement and board of director meetings.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 6. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find four of the four requirements in Standard 6 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

Overall consumers were satisfied with the continuity, quality, and safety of services and supports provided and understood it was not always possible to have the same care staff. Shifts for care staff are planned through the service’s electronic management system. Rostering aims to ensure consumer’s gender preference for care staff are met, they have continuity of care staff, and requests for a specific care staff are met. Care staff said they felt that had enough time to complete their shifts and never felt rushed. They commented they had time to catch up and chat with consumers while they were undertaking tasks such as cleaning or meal preparation.

Overall consumers and representatives said care staff, management and other staff are kind, caring and respectful. Where this has not been the case for a care worker, the service had been informed and responded promptly. In conducting interviews with care staff and management it was evident to the Assessment Team that staff are kind, caring and respectful in their dealings with consumers.

Consumers/representatives said staff had the knowledge to perform their role effectively. Care staff could describe the requirements of their role and the ways they work with consumers. Staff spoke highly of the training and other support they had received from the service and how it assists them to be competent in their role. A comprehensive orientation program is provided and there are annual mandatory training requirements for care staff.

Overall, the service demonstrated they recruited, trained, and equipped the workforce to deliver the outcomes required by the Aged Care Quality Standards. Gaps were identified in how subcontracted services are managed as the service does not have agreements in place with these sub-contracted services, and the status of registrations, National Police Clearances (NPC) and banning orders is not known for all subcontracted staff. The Assessment Team bought this to the attention of management. Subcontracted staff were immediately checked against the banning orders by the home care manager and the service has included the development of agreements and knowing the status of registrations and NPC in the CIP as a high priority. A training deficit was also identified as care staff that administer medications have had training on medication management but had not had their competency to administer medications assessed. This gap was bought to the attention of management and the CIP now includes actions to assess care workers competency.

The service demonstrated they assess, monitor, and review the performance of each member of the workforce but performance development reviews were outstanding for all staff. The service is currently in the planning phase for undertaking regular formal performance development reviews with all staff by 31 May 2024. Management could however, demonstrate how they assess, monitor and review performance of staff, including those on probation, by way of complaints and review of consumer progress notes. Care staff could speak to being supported in undertaking their duties, responsibilities, and being formally assessed as required. The team meetings provide an opportunity for care staff to reflect on their own practice and discuss best practice in a group setting, including for specific consumers with more complex needs.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 7. The Approved Provider also responded with further detail on actions planned/taken with regard to Requirements 7(3)(c), 7(3)(d) and 7(3)(e). These actions included the development of a Memorandum of Understanding with all subcontracted agencies regarding staff registrations and police checks, for completion around the end of March 2024. The Approved Provider also provided information about their plans to develop training for staff which is more specific to the home care environment. Lastly, the Approved Provider provided an update on the numbers of staff performance reviews undertaken to date and reiterated that the remainder will be completed by 31 March 2024. Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find five of the five requirements in Standard 7 compliant.

# Standard 8

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

Findings

The organisation demonstrated that consumers and/or their representatives are engaged in the development, delivery, and evaluation of care and services, informally and formally. The organisation undertakes annual consumer surveys and the results are reviewed by the clinical governance working group and board of directors for continuous improvements or other actions. The organisation sends out a monthly newsletter that provides news and photos about what the organisation is doing and new staff, and quarterly newsletter thar covers the more strategic direction of the service and governance updates. The organisation has not been successful in recruiting consumers or representatives to be on a Consumer Advisory Body but continues to work on this. All consumers/representatives and care staff when asked about the running of the organisation stated it was well run and when asked if they had any ideas for improvement said they did not at the time of the Quality Audit.

The organisation has a governance framework consisting of a board of directors lead by the board chair and a management team lead by the chief executive officer and 3 governance working groups – finance and risk, clinical governance, and operational governance. The clinical governance working group is the equivalent of a quality advisory body and reports to the board of directors. Its membership includes people with clinical experience. They have overall responsibility for quality improvement and promoting a culture of safe, inclusive, and quality care and services. Reports on complaints and feedback, incidents, the clinical data referred, continuous improvements, consumer numbers and level of HCP, staff numbers and training completed above are provided to the board of directors. The board of directors also has oversight of service user and workforce risks as per the service’s risk management framework. Outcomes of board of director and clinical governance working groups are fed back to management and staff as required via respective management and team meetings and/or by email.

The organisation demonstrated that they have effective wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff are provided with the level of access they require to the information management systems in place to undertake their role. The organisation has a continuous improvement plan and the clinical governance working group has a duty to identify continuous improvements. The organisation has a financial and risk working group as part of their governance framework. The organisation’s workforce governance systems were satisfactory with any outstanding requirements in the continuous improvement plan. The organisation is compliant with current legislation and management keep up to date with legislative changes and other regulatory matters through a variety of mechanisms.

The service’s clinical governance framework outlines the service’s approach to managing, monitoring, and reporting consumer clinical risks. This includes among other things the monitoring of clinical data and regular monitoring and review of individual consumer risks. Care staff spoke of their responsibility to report all incidents, including elder abuse and described the service’s procedure for this. Management demonstrated a comprehensive understanding of their responsibility to manage incidents and other concerns. The organisation provided evidence of management of risks and supporting consumers to live their best life.

All care staff interviewed about incident management knew their responsibilities. Staff knew their responsibilities to report incidents and management review all incidents to determine action required.

A clinical governance framework is in place to identify areas of risk associated with care Delivery. An updated more comprehensive clinical governance framework is due for tabling at the next clinical governance working group meeting and then onto the board of directors. This framework specifies the key risk areas as minimising the use of restraint, infection prevention and control, antimicrobial stewardship and practicing open disclosure. The service has an antimicrobial stewardship policy. It is noted however that the organisation does not currently have a policy on restrictive practices applicable to their home care services and staff do not receive training in this. A similar situation exists with open disclosure. Staff are practicing open disclosure but the organisation does not have a policy that guides staff practices in their home care services particularly with regard to responding to a complaint.

The Approved Provider provide a detailed continuous improvement plan showing their continued commitment to improving care and services in Standard 8. The Approved Provider also responded with further detail on actions planned/taken with regard to Requirements 8(3)(d) and 8(3)(e). These actions included the updating of their incident policy to be more reflective of staff practices in the home care services. The Approved Provider also provided an update on the implementation of their draft governance framework. It was planned that both documents would be ratified by the Board 27 March 2024. Lastly, the Approved Provider provided an update on improvements being made with regard to providing staff training on restrictive practices during March 2024 and improvements being made to the Open Disclosure policy to align with staff practices in their home care services.

Having considered the information in the Assessment Team’s report and the Approved Provider’s response I find five of the five requirements in Standard 8 compliant.

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)