**Performance**

**Report**

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| Name: | Infinity QCare - Brisbane |
| Commission ID: | 700950 |
| Address: | Office 6, Saigon Plaza, 10/37 Corsair Avenue, INALA, Queensland, 4077 |
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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: 9028 Infinity QCare Pty. Ltd.  
Service: 26637 Infinity QCare Pty Ltd

**This performance report**

This performance report for Infinity QCare - Brisbane (**the service**) has been prepared by Kimberley Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# 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 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 were treated with dignity and respect and their diverse needs were valued and supported by staff. Consumers and representatives described staff as respectful with a commitment to diversity when delivering care and services. Management had a commitment to respecting consumer’s rights, dignity and the freedom of choice. Staff and management spoke respectfully about consumers and demonstrated an understanding of social, cultural, linguistic, religious, spiritual and medical needs. Documentation evidenced a consumer-based approach to service delivery with an emphasis on capturing the broader range of diversity. The organisation’s diversity and inclusion policies were inclusive of, cultural safety, spiritual support, emotional and psychological support, special needs, and strategies for specific consumer groups.

Consumers and representatives confirmed staff understood consumers’ needs and preferences and services were delivered in a way which made consumers feel safe and respected. Management and staff provided examples of how services were delivered to enhance consumers individual cultural identities, and to ensure inclusive care and support. Management and staff hired within the service came from a vast background of cultures, which aids linguistic and cultural understanding. The office environment was observed to be welcoming to people’s diverse cultural backgrounds, with informational posters on the walls presented in various languages.

Consumers were supported to exercise choice and make their own decisions about how their care and services were delivered. Management and staff evidenced knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was given the option to choose which family, friends, carers and type of interpreting support they want involved in their care. Documentation evidenced consumer involvement in decisions about the service they received.

Consumers were supported to take risks if they chose, and steps were taken to educate and mitigate the potential impact of risks when possible. Consumers confirmed they were supported to make decisions about things that affected their life and were encouraged to exercise choice. Management supported consumers by discussing potential risks with them, involving representatives and allied health professionals where appropriate, then allowing the consumer to make an educated decision regarding risks. Where risks were taken by the consumer, a dignity of risk form was completed, and the service monitored and reviewed the activity. Staff were aware who to contact in the office to escalate risk. Documentation reviewed included the service’s dignity of risk policy and the involvement of consumer choice in care planning documentation.

The service was providing current, accurate and timely information to consumers and considered the diverse linguistic and cognitive communication needs of consumers. This included complaints information, language and advocacy services, budgeting resources and consistent communication about services being provided. Consumers and representatives confirmed their involvement in discussions about the information provided, allowing them to make informed choices.

The service demonstrated each consumer’s privacy was respected and personal information was kept confidential. Consumers explained how they felt their privacy was respected by the service and when staff were in their home. Management explained the ways they maintained and shared consumer records to ensure privacy and confidentiality was upheld. Consumer files and information were stored on the service’s care management system, which was username and password protected and hard copy files were stored in lockable filing cabinets within a locked room. Policy and procedures demonstrated consumer privacy and confidentially was prioritised within the service. The brokerage agreement for contracted services outlined information and privacy conditions.

Based on the above information, this 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. | 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

Assessment and planning processes, including risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services. Consumers confirmed their care was well planned and met their care needs. Clinical assessments were completed for all consumers and the service also undertook home risk safety assessments, individual risk assessments and challenging risk assessments, for those consumers with complex behavioural concerns. Staff demonstrated they knew the consumers well and provided examples of how they met consumers’ individualised needs. Staff described risks for consumers and the strategies used to reduce risks. Care plans provided guidance for delivering care and services, tailored to each consumer, including strategies to manage risks related to health, well-being and mobility.

Consumers described the various ways their care and services were provided to meet consumer’s current needs and preferences. Consumers explained what was important to them and how staff adapted care and services to meet changes or emerging needs. Management and staff involved in assessment and planning explained how this was undertaken in partnership with the consumer or representatives, to gather a holistic picture of the consumer. Staff demonstrated an awareness of consumer care needs and risks. Care planning documentation confirmed that the assessment and planning process was personalised to each consumer's current goals, needs and preferences. Discussions regarding Advance Health Directives and end of life wishes were initiated with the consumer/representative during the initial assessment or after significant changes in a consumer’s condition, and these discussions were recorded in care planning documentation.

Consumers confirmed they participated in the planning and review of the services they received. Consumers also reported they could choose who they wished to be involved in their care and services, their preferences were respected, and care and service delivery was coordinated accordingly. Representatives advised they were involved in the assessment process and consulted on care planning, particularly where the consumer required assistance with communication or understanding. Management worked in partnership with other individuals and service providers in assessment and care planning and communicated regularly regarding the changing needs of consumers. Documentation evidenced consumer and representative involvement in the planning of services and in ongoing and annual reviews.

Consumers were satisfied with the information they received from the service about their care and services and confirmed they had received a copy of their care plan. Staff confirmed care plans were accessible in consumer’s homes. Staff were informed of consumer’s care and service delivery needs and any changes in a timely manner. Management completed assessments with the consumer and representative, from which care plans were developed. Management returned to the consumer’s home and provided them with a copy of the care plan and explained the document to them, in the language of their choice. A copy of the care plan was provided to the consumer and a copy was put into the consumer’s home folder, so staff had access.

Care and services were reviewed regularly and when consumer circumstances changed. Consumers confirmed staff regularly communicated with them about the service they received and made changes to meet their current needs. Care plan reviews were completed twice a year, with more regular reviews conducted dependent on a consumer’s changing care needs. Evidence from the electronic care management system demonstrated all consumer care plan reviews were up to date.

Based on the above information, this Standard is 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 confirmed personal care was provided in a safe manner and considered the clinical care they received was right for them. Staff had a sound knowledge of consumer’s needs, goals and preferences and could describe how the service ensured care was tailored to the consumer’s needs. Clinical assessments were completed by management on intake to the service and care and services were implemented, dependent on consumer need. Referrals were made to Registered nurses and allied health professionals as required for the completion of validated assessments. Care plans described consumers’ personal and clinical care needs. Care plans contained sufficient information to guide staff in delivering safe and effective care and services, ensuring that consumers received the support they required to maintain their health and well-being.

Consumers confirmed their care was safe and right for them. Management identified, assessed and managed high-impact or high-prevalence risks to the safety, health and wellbeing of each consumer. Assessments and care plans evidenced the service delivered personal and clinical care in line with assessment outcomes. Care planning documentation identified key risks such as falls, diabetes, vision and hearing impairments. Staff were aware of consumers' risks and confirmed they would refer to their care plan or consult with management for further guidance if required. Referrals were made to relevant allied health professionals for input to prevent and manage high-impact and high-prevalence risks for consumers. These included clinical nursing assessments, Occupational therapy and physiotherapy assessments and were uploaded to the care management system.

Staff at the service described a process in place to discuss end of life planning with consumers and representatives at intake and reviews. Care plans and assessment documents demonstrated consumers were asked about their preferences and these were documented in the care plan. Management stated as the service supports consumers from culturally diverse backgrounds, most consumers’ preference is for family support at end of life. Consumers stated the service provided care that preserved their dignity and maximised quality of life.

Consumers advised the staff knew them well, picked up on any changes in their overall health or function and gave examples where care and services were adapted accordingly. A review of consumer progress notes and the incident register identified when reports or changes to a consumer’s condition were received and action was taken. Most staff interviewed demonstrated an understanding of recognising, reporting and responding to consumer deterioration or changes in their health and well-being. Staff advised they observed consumers for signs they may be unwell, including changes in behaviour, and reported these to management.

Consumers and representatives advised that staff were aware of consumers' needs and rarely required direction. Consumers usually received personal care and services from familiar staff who understood their individual requirements. Consumer care plans provided sufficient guidance for staff to perform their roles. Relevant progress notes about the consumer's care and services were recorded in the consumer’s home, to support communication between staff, with copies uploaded onto the electronic system. A copy of the consumer’s care plan was stored at the consumer’s home, ensuring accessibility for staff when needed. Staff members confirmed they received sufficient information about consumers and could refer to the care plan, when required.

Consumers and representatives confirmed the delivery of care, including referral processes, were timely and appropriate. Consumers had access to a Medical officer and other health professionals when required. Consumer care documentation demonstrated input from others was sought, such as Medical officer and hospital discharge staff and referrals made as required. The service also regularly referred consumers to other supports as needed, such as Dementia Support Australia and Vision Australia.

Consumers and representatives described staff practices to prevent the spread of infection including hand washing, the use of hand sanitiser and the use of personal protection equipment when required. Staff understood the practical ways to minimise the transmission of infections and have completed COVID-19 training. Management ensured staff safety during COVID-19 and kept them informed of any requirements.

Based on the above information, this Standard is 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 |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the services and supports consumers received met consumer’s needs, goals and preferences, whist supporting them to maintain their quality of life and independence. Staff demonstrated an understanding of what was important to individual consumers and could describe how they helped the consumer to do as much as they can for themselves if this was their preference. Care planning documents included individualised guidance on how care and services should be delivered. Care planning documents demonstrated the active involvement of consumers and their representatives in the planning process, ensuring that their preferences and needs were addressed.

The service provided supports for daily living that effectively promoted the emotional, spiritual and psychological well-being of consumers. Care planning documentation contained information about consumer’s emotional, spiritual and psychological needs. Staff demonstrated an understanding of what was important to individual consumers. Staff reported any concerns about a consumer’s emotional or psychological well-being to management, who took necessary action to manage the consumer’s emotional health. Management outlined how social support services often focused on consumers’ community or religious engagement, thereby offering consumers opportunities for emotional or spiritual fulfillment, based on their individual preferences.

Services and supports for daily living assisted consumers to take part in the community, interact with others and do things of interest to them. Consumers and representatives confirmed consumers were provided with opportunities for social interaction and social connection through the supports they received. Staff provided examples of being flexible in providing social support based on what the consumer’s preference was for the day. Care planning documents provided information about each consumer’s background and what their interests may be.

Information about consumers’ condition, needs and preferences was communicated within the service and with others, where responsibility for services and supports was shared. Consumers and representatives reported consistent assignment of the same staff who had a good knowledge of consumer’s needs and preferences. Care planning documents have sufficient information to guide staff in delivering care and services in line with the consumer’s preferences. Staff advised information about the consumer’s care and services was available in the consumer’s home. The service requested consumers sign a consent form in relation to information sharing on intake.

Consumers and representatives expressed satisfaction with the services offered by organisations the consumer had been referred to. Staff advised if they identified an additional need for a consumer, they would escalate it to management. Management advised if an additional need for a consumer was identified, depending on the nature of the need, they would conduct a review of the consumer’s care and services. Following the review, referrals were made to other services where required. Management advised of external agencies the service used to ensure consumers accessed the broad range of supports needed.

Where equipment was sourced for consumers to use in their homes, consumers and representatives reported the equipment was suitable and met consumers’ needs. The process of sourcing equipment included consultation with the consumer and an assessment by an Occupational therapist, or other applicable allied health professional. Staff confirmed if they identified, or consumers reported, any issues with equipment the office was informed, and maintenance organised.

Based on the above information, this 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 and representatives demonstrated an awareness of who to provide feedback or complaints to and could explain the actions taken in response to feedback provided. They advised they would generally provide feedback by speaking with staff or management. Management and staff described ways they supported consumers and representatives to provide feedback. During the initial assessment meeting, staff explained internal and external complaint mechanisms. The service included a ‘General Feedback form’ with the monthly statement. The service hosted an open ‘end of year thank you get together’ which provided the service with an opportunity to gather feedback from consumers.

Consumers were made aware of and had access to advocates, languages services and other methods for raising and resolving complaints. On entry to the service, consumers were provided with a welcome pack which included information on the various avenues for making complaints, including access to advocacy services and the Commission. Management and staff explained how information regarding external complaint mechanisms was communicated to consumers. Documentation evidenced policies and processes in place for several internal and external methods for raising complaints.

The service demonstrated it took prompt and appropriate action in response to feedback and complaints and practiced the use of open disclosure. Consumers and representatives were able to explain occasions where they had made complaints and experienced an honest and prompt response to feedback, active listening, and partnership in identifying solutions. Staff and management described the complaint handling system and specific examples of communication and resolution in response to feedback. The training program in place for staff evidenced open disclosure training was completed upon induction and on an annual basis.

Feedback and complaints were reviewed in a timely manner and used to improve the quality of care and services. Staff and management explained the steps they took to encourage feedback. Staff advised they conducted verbal check ins with consumers regarding their services and were able to describe the complaints escalation process. Management explained how the service records, manages, and converts consumer feedback into ongoing improvement. Continuous improvements activities were determined by inputs such as consumer satisfaction surveys, feedback and complaints, staff meetings and regulatory compliance suggestions.

Based on the above information, this 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

The service was demonstrating a planned and consistently rostered workforce who were aware of consumer needs and preferences and were completing the agreed care and services. Consumers and representatives advised where they have notified the service of staff’s late attendance, the service rectified the issue promptly and they have not experienced a systemic problem.

Staff felt they had enough time to complete their role. The service had a system which enabled the right mix of skills and attributes were being considered during recruitment. Rostering and scheduling duties were allocated to one staff member to ensure the workforce was rostered appropriately to provide safe and quality care and services. The service offered introductory appointments between staff and consumers to ensure an appropriate fit.

Consumers and representatives provided positive feedback regarding their interactions with the workforce. They described management and staff as kind, caring, respectful and responsive. Management and staff spoke about consumers in a kind and caring way with a proactive approach to cultural diversity. Care planning documentation and progress notes were responsive to consumers’ cultural needs and preferences and were written in a respectful and compassionate manner.

The service demonstrated the workforce had relevant and up-to-date competencies required to effectively perform their roles. Consumers and representatives expressed confidence in management and staff to deliver services consistent with consumers’ care needs. The selection criteria included assessment of relevant skills, knowledge and qualifications. The regulation matrix monitored police checks, statuary declarations, first aid and CPR training, driver’s licenses and car insurances. One month prior to a document expiring, management send a notification to the respective staff member via email or phone for renewal. A brokered contractor service explained their contract with the service was reviewed and renewed annually, dependent on provision of competency documentation.

Consumers and representatives were satisfied staff were sufficiently trained to deliver quality care and services. Staff underwent a two-week induction training. The service’s comprehensive induction training checklist completed by management and staff collaboratively included acknowledgement of understanding of the service’s policy and procedures. The service used an online learning management system to allocate annual learning topics, including the Aged Care Quality Standards, restrictive practice, infection and prevention control, Serious Incident Reporting Scheme, and open disclosure. Due to the smaller cohort of staff, management tracked this register on a weekly basis.

Management confirmed staff were informed of changes to policy and procedures and aged care reforms via the internal communication mechanism, allocated training and email reminders. Individual staff training needs were identified through feedback gained during the performance appraisal process and determined via consumer needs.

Consumers and representatives expressed satisfaction with the workforce and had confidence in staff to provide care and services to consumers as part of their role. The service had an extensive process for assessing, monitoring and reviewing staff performance. Performance appraisals commenced at induction, with review between three to six months to monitor the core aspects of the role, review between six to twelve months to discuss achievements and challenges, ongoing training requirements and professional development planning. This process identified additional training needs which were allocate via their learning system. Staff confirmed they had received performance appraisals consistent with their respective longevity with the service.

Based on the above information, this 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. | Compliant |

Findings

The service involved consumers in shaping, delivering and assessing the services they received, with dedicated support for their engagement. Communication was continuous across all levels, from senior management to administration personnel, consumer liaison officers and community support workers. An internal communication mechanism served and facilitated the communication, along with dedicated management and staff groups. Feedback was received from consumers through various channels such as assessment and planning, liaison officers or in-person interactions, with a focus on listening, engagement and relationship-building.

The service had a commitment to engaging staff with a multicultural background, especially considering the diverse demographics within the services’ local community. The service assembled a team of multilingual-speaking staff members who were adept at bridging linguistic barriers to better serve their consumers. The staff were proficient in over 23 different languages, ensuring that language was not a barrier to consumers accessing their services. Annual surveys were conducted to gauge satisfaction and gather insights, which contained positive remarks.

The service demonstrated its commitment to upholding a culture of safe, inclusive and quality care and services, with the governing body sharing responsibility for its delivery. Consumers, representatives and staff expressed a sense of confidence in the service’s delivery, perceiving it as efficiently managed and customised to consumer needs and preferences.

Incidents and feedback were addressed at the service level and promptly communicated to executive management, ensuring that issues were resolved in a timely manner and improvements made as part of the continuous improvement process. In addition, the service employed a diverse array of strategies aimed at fostering an inclusive and welcoming environment for consumers and other stakeholders. These strategies prioritised diversity, inclusivity and cultivate a culture of mutual respect, understanding and engagement among all involved parties.

Staff had access to information to support care and service delivery. Consumer files and information were stored on the service’s care management system, which was username and password protected and hard copy files were stored in lockable filing cabinets. The service provided consumers information in a way they understood. Data management was conducted via a secure system with password protection. Documents were stored on the service’s intranet and safeguarded with antivirus measures. Consumer personal details were only shared on a need-to-know basis, and a secure finance room with locked filing cabinets was used for financial documents.

The service utilised an incident management system to track and analyse incidents. Complaints and feedback were systematically recorded to drive continuous improvement efforts. Meetings were conducted as needed, covering topics such as consumer concerns. Continuous improvement was actively pursued through various channels, including consumer and staff input, feedback, complaints, incident reports and internal audits.

The service ensured effective financial governance with transparent reporting procedures and oversight by the Board. The service’s Directors had a shared responsibility overseeing the financial governance of the organisation, including tracking against funding arrangements. Consumer statements offer transparency on spending, including both spent and unspent funds. Financial reporting to authorities occurred quarterly and annually through a dedicated accountant, shared by Directors. The service also proactively engaged consumers with excess funds, encouraging their utilisation with support from family members.

Management planned the workforce to ensure sufficient staff were available for service provision and to support operational and administrative tasks. Both management and staff received comprehensive information to ensure clarity regarding their roles, responsibilities, and accountabilities. Staff had a clear understanding of their duties, as well as awareness of the functions performed by colleagues and protocols for sharing information or escalating concerns or suggestions for improvement.

Management received updates via relevant regulatory bodies such as the Commission, the Department of Health and Aged Care and the Department of Social Services. Information was distributed to staff and consumers as appropriate. Management understood their responsibilities with regards to the Serious incident response scheme. The service maintained regulatory compliance with staffing and training requirements, including monitoring all staff hade first aid certificates in place and up to date police clearances.

The service had an established system for logging, escalating and tracking feedback and complaints. An annual client satisfaction survey was distributed to consumers, with the collected feedback compiled for use by management. Individual consumer complaints and feedback were handled by staff and management, who escalated or monitored them based on severity. Informal feedback and discussions with consumers were reviewed and actioned within the service, with senior management and the governing body actively engaging directly to enhance care and services. The governing body were informed of all feedback received, ensuring ongoing oversight of the quality of care and services.

The service implemented a risk management frameworks, policies and procedures, including the use of an incident management system. Management assessed, followed up, resolved and escalated incidents as needed. Deterioration in consumer conditions was recognised, documented and escalated as necessary.

A risk matrix and a record of high-risk individuals was utilised by the service. The spreadsheet identified high-risk individuals and outlined necessary actions, with follow-up actions conducted as required. Information from the spreadsheet was transferred to care plans. Any information related to a consumer’s health or care was communicated to the consumer, while unrelated information remained confidential.

Staff interviews and documentation demonstrated ongoing monitoring of consumer well-being and safety through face-to-face contact. Staff received education on elder abuse and neglect, including how to recognise signs and the obligation to report any concerns promptly.

The service had policies and procedures in place for addressing abuse or traumatising events. If staff witnessed such incidents, they were required to escalate the matter to management promptly. Additionally, if necessary, the service adhered to mandatory reporting obligations.

The service exhibits a clinical governance framework, emphasising principles such as clear accountability, consumer partnership, transparency and continuous improvement. Management articulated the framework's structure and its role in maintaining clinical practice and service oversight.

Strategies to minimise infection risks, including hand hygiene practices and personal protective equipment usage, were implemented, with regular audits conducted by the manager to ensure compliance. The service did not utilise any form of restrictive practices, and staff and management understand the importance of incident and complaints management, emphasising transparency, apology and meeting consumer needs.

Clinical care was outsourced to an external organisation, which employed registered nurses. After each service, this organisation reported back to the service, providing feedback from the consumer. Staff had access to escalation assistance from the program manager when needed. Infection control training and provision of personal protective equipment were provided by the service, and support workers attended fortnightly catch-up sessions to report any issues.

The service did not practice restraint and adhered to open disclosure principles, promoting open discussion about any incidents. Open disclosure training was included in the induction process for staff.

Based on the above information, this Standard is 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)