**Performance**

**Report**

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| Name: | Inspired Aged Care Services Pty Ltd |
| Commission ID: | 201350 |
| Address: | Unit 3, 95/a Northumberland Street, LIVERPOOL, New South Wales, 2170 |
| Activity type: | Quality Audit |
| Activity date: | 16 January 2024 to 18 January 2024 |
| Performance report date: | 19 February 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: 9296 Inspired Aged Care Services Pty Ltd  
Service: 26990 Inspired Aged care Services Pty Ltd

**This performance report**

This performance report for Inspired Aged Care Services Pty Ltd (**the service**) has been prepared by Bruce Bassett, 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 6 February 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 | **Not 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

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.

* The service must ensure that all consumers care and services are reviewed regularly, when circumstances change, or an incident occurs and their care documentation updated accordingly.

# Other Information

As the service does not provide residential care, respite care, or have a day therapy centre, Standard 5 is not applicable and was not assessed.

# 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 staff treated consumers with dignity and respect and the service valued their culture and diversity. Staff could describe the diversity of consumers and how the delivery of care and services was adjusted to respect the consumer’s values. Policies and procedures guided staff and management in processes to ensure the culture and diversity of consumers was respected. Care documentation informed staff of the culture and diversity needs of consumers including ensuring their dignity was maintained while providing personal care.

Consumers said they felt culturally safe. Staff and management described ways by which they supported a culturally safe environment. Care documentation informed staff of culturally sensitive information which supported the delivery of services in line with consumers’ preferences.

Consumers and representatives said consumers received timely and accurate information from the service to make decisions about care and family and others nominated by consumers were included in decisions about care. Management said consumers and their representatives regularly contact the service to amend consumers’ care requirements and this information is communicated to staff. Staff described how they support consumers to maintain relationships. Care documentation described consumers’ social history as well as preferences for care delivery.

Consumers and representatives expressed a high level of satisfaction with the delivery of care and services. They said the service supported consumer’s decision making even if that involved elements of risk. Management explained processes for identifying and monitoring risk. Care documentation captured risk factors for consumers. Policies and procedures guided staff and management in supporting consumers to live their best life and staff had received training in risk identification. For example, case notes identified discussions with consumers in relation to risk taking behaviours including for consumers who chose to consume foods which may impact their health and unsafe risk-taking behaviours when crossing roadways while receiving social support.

While policies and procedures guided staff and management to support consumers to take risk, the Assessment Team identified information in case notes was absent in specific information provided to consumers and their representatives about the consequences of the risk to ensure consumers could make an informed decision about the risk and strategies for staff to manage risk when delivering care and services. However, the Assessment Team did not identify an impact for consumers and management were responsive to the Assessment Team feedback regarding this issue, adding the information to the plan for continuous improvement.

Consumers and representatives said they received information from the service in a way that was clear to understand which assisted informed decision making. Documentation provided to consumers was provided in Arabic to assist consumers to exercise choice. Staff and management said staff who speak Arabic explain information to consumers and representatives. Care agreements were explained to consumers in their preferred language so they could make informed choices. Consumers said statements for care packages were received in a timely manner and in a format which listed each service provided.

The Assessment Team identified information in the home care agreement that could be misunderstood. Management said some consumers are reluctant to use their package funds for assessed age related care and services and consider their HCP funds as a type of savings account. The Assessment Team identified there may be a perception by consumers and representatives that any unspent government funds may be returned to the consumer or the consumer’s estate. The service added this issue to their continuous improvement register for action.

Consumers and representatives said the staff were respectful of consumers’ privacy within the consumers’ homes and when delivering personal cares. They said staff do not discuss personal information with others. Consent for sharing of information between those involved in the consumer’s care was sought from the consumer. Policies and procedures guided staff and management for the provision of privacy. Staff and management had security measures to protect consumer information.

Following consideration of the above information, I have decided that Standard 1 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. | Not Compliant |

Findings

Consumers and representatives said they are satisfied the care and services consumers receive meets their needs. Registered staff described the process for completing assessment and planning and consideration of risks to consumers. An assessment tool is used to guide registered staff when completing personalised assessments to inform the delivery of care and services. The service has an assessment and planning policy. However, some consumers’ assessment and planning has not been completed or reviewed in a timely manner or following incidents which is addressed in the discussion of Requirement 2(3)(e) below.

Consumers’ care planning documentation includes their goals and details the care and services to be provided. Registered staff said they attempt to discuss consumers’ wishes for end of life, however, due to cultural reasons, consumers often do not want to discuss this. Consumers and representatives said they are included by the service to identify consumers’ needs and preferences.

Consumers and representatives said they are involved in consumers’ assessment and planning when reviews of care and services occur. Care documentation demonstrated other organisations are involved in assessment and planning for consumers. Registered staff described how they include consumers and those they wish to be involved in the assessment and planning process.

The outcomes of assessment and planning are discussed with consumers, and they have access to documentation related to the care and services provided. Registered staff described how they communicate with consumers and their representatives about the assessment and planning and ensure documentation is available. Staff described how they access consumers’ care planning documentation through a mobile application to guide service delivery when in consumers’ homes.

Following consideration of the above information, I have decided that Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d) are Compliant.

With regards to Requirement 2(3)(e), some consumers and representatives said consumers’ care and services have not been reviewed regularly, when circumstances have changed, or an incident has occurred. Registered staff said consumers’ care planning documentation processes include regular review either 6 monthly or 12 monthly or as required, however, they are aware the service has not maintained this schedule. Management said registered staff review consumers’ care plans by completing a nursing assessment and report, then management transfers this information to consumers’ care plans.

The Assessment Team report indicated the service has 45 consumers whose care plans are overdue for review and/or reassessments. Of these 45 consumers, there are 22 consumers whose most recent care plan review was over 18 months ago. There are 20 consumers with HCP level 3 and 4 who are overdue for review and reassessment.

The report provided examples where consumers have not had their care documentation reviewed following incidents such as falls, blood pressure incidents and deterioration of existing conditions.

A review of consumers’ nursing reports demonstrated they are comprehensive and detailed. However, not all information in the nursing report is included in consumers’ care plans such as background information and more individualised strategies for preventing falls, managing changing behaviours and wound management.

Management said they are aware that although nursing assessments and reviews for consumers have been completed, this information has not all been transferred to consumers’ care plans. Management staff, who do not have a clinical background, said they do not transfer all of the information registered staff have included in nursing reports as they do not think it is relevant for support workers.

Following feedback from the Assessment Team, management provided an action plan which included the following:

* Consumers whose care planning documentation is overdue for review have been categorised into priority levels. Registered staff will complete reviews for consumers who are most at risk first.
* An additional registered nurse will be employed to assist with assessments and review and recruitment has commenced.
* The process should be completed within the next 4 months, with 2 consumers’ assessments and reports completed each week.
* A review will be completed to identify consumers where assessments and reports have been completed but not yet updated in care plans.

Although the service did not demonstrate effective systems for ensuring consumers’ care planning documentation is reviewed in the timeframes outlined in the policy, or consistently reviewing consumers when circumstances change or incidents occur, care and services are being delivered to consumers.

While the service has put actions in place to rectify the gap, effective processes and oversight are not yet established and the Assessment Team recommended the Requirement as Not Met.

The approved provider supplied a response to this recommendation. The response acknowledged the deficiencies identified by the Assessment Team and accepted the recommendation of Not Met.

The response advised the service was already aware of the problem and it was included in the Plan for Continuous Improvement (PCI) in January 2024, prior to the Quality Audit. It was also included in the service’s self-assessment documents. The service has identified two root causes for the issue, being refusal by some consumers when it comes to reassessment and an increased number of initial assessments required compounded by the absence of an RN on leave.

The service response advised an additional RN had been hired and discussions with reluctant consumers regarding reassessment of their needs and preferences was being undertaken. The response also advised that consumers requiring reassessment had been triaged according to potential risk with the aim of prioritizing higher risk consumers.

An updated plan to address the issue in the provider response advised the service will be in a position to complete overdue assessments for high priority consumers by March 2024 and all consumers by April 2024.

I acknowledge and commend the service response for its transparency and for the actions taken to date to address the identified deficiency. I also expect that the actions proposed will be sufficient to return the service to compliance. However, as the Assessment Team found Requirement 2(3)(e) to be Not Met at the time of the quality audit, the service has acknowledged the issue continues to be ongoing and overdue assessments will not be completed until April 2024, and it will take time for the proposed actions to become embedded in regular practice, I have decided that Requirement 2(3)(e) is currently 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

Consumers and representatives said consumers receive personal and clinical care which is tailored and appropriate. Personal care is provided in a safe manner and consumers considered the clinical care they receive is right for them and provided examples of the care received. The service works with the consumer and their representatives supporting them to make informed decisions about their options and the degree to which they wish to manage their care themselves and/or in collaboration with others, including medical professionals. Staff described consumers’ current personal and clinical care needs. Clinical care is provided by registered staff who work closely with medical officers and allied health professionals.

Consumers’ care documentation included strategies for managing high impact, high prevalence risks. Management described the process for identifying consumer risks and how these are recorded on a spreadsheet. Staff described strategies used for managing risks to consumers. For example, staff described monitoring consumers when mobilising, identifying potential hazards, taking their hand and reminding consumers to use mobility aids. Review of the service risk register documented consumers with the following risks: falls, dementia, choking, diabetes mellitus and vision and/or hearing impairment. Management said they document incidents which occur and outline actions and follow up to occur for consumers. A review of the incident management document included details of incidents which have occurred such as falls and the actions to be taken.

Management described the processes for ensuring consumers’ needs are met when nearing end of life. However, the service does not currently and has not in the past 6 months provided care and services for a consumer nearing end of life. The service has an end-of-life care policy. Registered staff described how they would engage with consumers and their families to identify their goals and preferences for care when nearing end of life. Staff provided examples of how consumers’ cultural needs influence their end of life needs which are recognised and addressed.

Consumers and representatives said staff have identified deterioration or changes for consumers and responded. Support workers described the escalation processes when a change in a consumer’s condition or deterioration is identified. For example, support workers said when changes in a consumers’ condition are identified, they call the office or an ambulance. Registered staff described steps taken following the escalation of these changes and said deterioration training has been provided to staff.

Staff said information is provided through consumers’ care plans available in a mobile application and they are informed of urgent changes by telephone. While information relating to consumers’ condition is available, it is not always current in consumers’ care planning documentation. However, all consumers interviewed said staff have the information they need to provide appropriate care. Although information is captured and available for staff and others it is not always appropriately documented in care plans which is addressed above in Requirement 2(3)(e).

Consumers have access to medical and allied health professionals when needed which is supported and/or facilitated by the service. Registered staff said referrals to allied health professionals are completed for consumers when required. Registered staff said they communicate with consumers and their representatives when a review by their general practitioner or referral to a specialist is needed.

Staff described the processes used to minimise infection related risks. Management described the strategies in place to minimise infection related risks and promote antimicrobial stewardship. The service’s has policies to guide staff relating to antimicrobial stewardship and infection control. Consumers’ care planning documentation includes guidance for staff for standard and transmission-based precautions.

Following consideration of the above information, I have decided that Standard 3 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 and their representatives said the service supports consumers to optimise their independence and well-being while considering their preferences and needs. Staff described how they support consumers to maintain their independence and quality of life and engage with consumers to ensure their preferences are supported. Care planning documentation includes alerts to ensure consumers’ preferences are provided.

Staff demonstrated an understanding of the spiritual needs of consumers and occasions when they have supported consumers’ emotional well-being. Consumers/representatives described how the service and staff support consumers’ emotional and spiritual well-being. For example, the representative of one consumer said staff supported his father to attend a friend’s funeral and were supportive and compassionate. Registered staff described the differing spiritual and psychological needs of the consumers and how staff support them. A review consumers’ nursing assessments identifies a review of consumers’ psychological health is included in the assessment and recommendations to better support consumers emotional well-being.

Consumers and representatives said the service supports consumers to participate in the community and maintain relationships. Staff described how they support consumers to engage in activities which interest them and maintain relationships and demonstrated knowledge of consumers’ interests and backgrounds. Consumers’ nursing assessments include background information and interests. Management said they have not included consumers’ background and interests in care planning documentation as they preferred staff to engage with consumers and learn this information directly. Following feedback from the Assessment Team, management acknowledged replacement staff could benefit from this information prior to a shift and would review their processes.

The service has multiple systems for documenting information related to consumers’ needs and preferences which included the ECMS which linked to the mobile application staff access. Staff described how they access the mobile application for consumers’ care planning documentation. Management said staff are alerted to changes for consumers through the mobile application or by phone when required.

Staff and management described the processes for timely and appropriate referrals to other organisations and providers of care. Registered staff said they identify opportunities and need for referral when completing consumers’ assessments. Management described how they engage with other organisations to support consumers which have included a mental well-being group held at the local library.

Management described how a consumer is supported to order meals from a provider of their choice. The consumer has food delivered daily and said she is very happy with the meals. She described how the service has supported her to engage with her choice of provider.

Consumers and representatives described how the service supports them to access equipment for consumers and how the equipment is maintained. Staff described how they ensure equipment provided is safe, clean and well maintained and how they escalate to management any maintenance requirements for consumers’ equipment. Management described how they support consumers to ensure equipment is safe and well maintained.

Following consideration of the above information, I have decided that Standard 4 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 their representatives are aware of how to provide feedback or make a complaint. The service provides information in a welcome pack about complaints processes. Complaints forms are available and verbal feedback from consumers and representatives is communicated to the service by staff who provide care and services. Staff said consumers tell them if they are dissatisfied with care and services and this verbal feedback is communicated to service management. Consumers and representatives are encouraged to complete a satisfaction survey that is included in the information pack.

Consumers are aware of how to raise complaints with external organisations. Information about how to access advocates, language services and external complaints processes is provided on entry to the service. The service supports consumers by providing external complaints information in Arabic and English languages. The HCP agreement and consumer information pack includes details about advocacy services and contacting external bodies, such as the Commission.

Appropriate action is taken in response to complaints and an open disclosure process is applied when resolving complaints. Consumers and representatives who have made a complaint said they were satisfied with the response from management and the actions taken. A complaints management policy and procedure are available to guide management and staff. The complaints management protocols include the principles of open disclosure such as, identifying what went wrong, implement corrective actions to prevent a recurrence and communicate those actions to consumers and assure them the mistake will not be repeated.

The service documents feedback and complaints and reviews this information to identify improvement opportunities. There is a procedure to guide management in the evaluation of feedback and complaints. A register of feedback and complaints is maintained and the service uses the continuous improvement register to record improvement activities.

Following consideration of the above information, I have decided that Standard 6 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

Consumers and representatives said they were satisfied with staffing and management. Staff said they are allocated sufficient time to complete their work. Care and services are delivered by internal service staff with the support of contracted allied health services. Registered nurses undertake clinical care and provide guidance and education for support workers. Care managers plan workforce requirements based on the needs and preferences of consumers, including requests for preferred support workers.

Interactions between consumers and staff are kind, caring and respectful. Consumers and representatives provided positive feedback regarding staff. Staff are from culturally and linguistically diverse backgrounds and know how to engage with consumers in an appropriate manner. For example, registered nurses who speak Arabic are available to guide staff.

Consumers and representatives expressed confidence that members of the workforce are competent and appropriately skilled and qualified to perform their roles. Staff described how they work within their skills and knowledge base and said they are provided with training that supports their professional development. Registered nurses are employed to undertake clinical care and oversee tasks performed by support workers. For example, support workers described how any change in consumer condition is reported to the registered nurse. The competency of staff is monitored through the completion of training modules and feedback from consumers and representatives.

The service recruits and trains staff from culturally and linguistically diverse backgrounds to meet consumers’ needs and preferences including specific cultural requirements. Consumers said they were satisfied staff know what they are doing, and they deliver safe and quality care. Training attendance records include the following topics; Aged Care Quality Standards, falls prevention, wound management and the Serious Incident Response Scheme (SIRS). Staff said they are satisfied with training provided.

Consumers and representatives said they are satisfied with the performance of the workforce. Staff receive verbal and written feedback regarding their performance. The service has systems to assess and monitor the performance of members of the workforce. Management provides regular verbal feedback to staff and complete a written performance evaluation every six months.

Following consideration of the above information, I have decided that Standard 7 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

Management engages with consumers and representatives in the development, delivery and evaluation of care and services. Consumer feedback is actively sought by management and is used to develop and improve the service. Consumers and representatives expressed satisfaction with the quality of care and services provided by the service

Consumers and representatives expressed confidence in the management team and described them as supportive. A culture of safe, inclusive and quality care and services is promoted by management and reflected in documentation reviewed by the Assessment Team. The organisation has implemented systems to manage incident reporting, feedback and complaints. The organisation’s governance structure supports accountability, with registered nurses included in the structure of the governing body. Management meets regularly to review the service’s performance.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service’s information management system is generally effective; however, care planning documentation is not consistently reviewed for effectiveness. Consumers and representatives are provided with information in relation to their HCP which is current, accurate and timely. Staff are satisfied they can access the information they need to deliver care and services. The service has procedures to guide staff in relation to privacy and information sharing.

The Assessment Team identified the service home care agreement contains a clause that could be misinterpreted by consumers/representatives. Although the information in the agreement is not incorrect, management agreed that clause 2.6 reads as though all unspent funds, including the government funded portion of the home care package, are returned to the consumer or the consumer’s estate. The clause is referring to any contribution made by the consumer which will be refunded to the consumer or their estate when care and services cease. Management said they will update the home care agreement and clarify that consumer contributions will be returned within 70 days of them leaving the service, which reflects information under the *User Right Principles 2014*.

The service has a quality management system that includes a continuous improvement register to record continuous improvement initiatives. The service has engaged a compliance manager to support and monitor continuous improvement activities. Consumers, representatives and staff are encouraged to contribute to continuous improvement.

The organisation has financial governance systems and processes to manage the resources necessary to deliver a safe and quality service. The organisation provides consumers with individual budgets and monthly statements and have processes to manage unspent funds.

The organisation supports and develops its staff to deliver safe and quality care and services. The accountabilities and responsibilities of staff are set out in position descriptions. Staff interviewed, demonstrated a clear understanding of their role and responsibilities. Staff are provided with training in relevant work safety procedures such as hazard identification and infection control. Incidents are entered into an incident management system and reviewed by management.

The service has systems to ensure it is informed about the regulations it is required to meet as an approved provider of aged care services. Relevant regulatory requirements are incorporated into the service’s policies, procedures and practices. Staff are provided with updates through the organisation’s procedures and training program.

While most of the feedback received from consumers/representatives is verbal, the organisation has systems and open disclosure processes to document this feedback, analyse it and use it to improve outcomes for consumers.

The organisation has a risk management framework to manage and respond to incidents, including high-impact or high-prevalence risks. Incidents are discussed at Board meetings. Staff confirmed they have received serious incident response scheme (SIRS) training. Although incidents are recorded in an incident register, the actions taken, and the status of the incident are not consistently documented in the register. The Assessment Team discussed this with management who said they would update the register to include actions and incident status. Documentation review and consumer/representative feedback confirmed actions to address incidents have been taken by the service.

The service has a clinical governance framework and clinical incidents are discussed at Board meetings. The service has engaged registered nurses to provide clinical care, support care managers and oversee work undertaken by support workers. Clinical staff and management described processes relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. The service has policies and procedures relating to clinical care that provide support and guidance to staff.

Following consideration of the above information, I have decided that Standard 8 is 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)