**Performance**

**Report**

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| Name of service: | Islamic Women's Association of Australia |
| Service address: | 11 Watland Street SPRINGWOOD QLD 4127 |
| Commission ID: | 700191 |
| Home Service Provider: | Islamic Women's Association of Australia (IWAA) Inc. |
| Activity type: | Quality Audit |
| Activity date: | 13 March 2023 to 15 March 2023 |
| Performance report date: | 15 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Islamic Women's Association of Australia (**the service**) has been prepared by J.Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Islamic Women's Association of Queensland, 18222, 11 Watland Street, SPRINGWOOD QLD 4127
* Islamic Women's Association of Queensland, 18223, 11 Watland Street, SPRINGWOOD QLD 4127

**CHSP:**

* CRCS - Flexible Respite, 4-22CCBVC, 11 Watland Street, SPRINGWOOD QLD 4127
* CHSP - Personal Care, 4-22CCBW5, 11 Watland Street, SPRINGWOOD QLD 4127
* CHSP - Social Support - Group, 4-22CCBWO, 11 Watland Street, SPRINGWOOD QLD 4127
* CHSP - Social Support - Individual, 4-22CCBX7, 11 Watland Street, SPRINGWOOD QLD 4127
* CHSP - Domestic Assistance, 4-22CCBXQ, 11 Watland Street, SPRINGWOOD QLD 4127
* CHSP - Transport, 4-22CCBZN, 11 Watland Street, SPRINGWOOD QLD 4127
* CRCS - Cottage Respite, 4-22CCC0P, 53 Corella Place, RUNCORN QLD 4113

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 April 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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:

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| 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. | Non-compliant | Non-compliant |
| 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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant | Non-compliant |
| 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 | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant | Non-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. | Non-compliant | Non-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;   feedback and complaints. | Non-compliant | Non-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   managing and preventing incidents, including the use of an incident management system. | Non-compliant | Non-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;   open disclosure. | Non-compliant | Non-compliant |

# Standard 1

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

Findings

At the time of the performance report decision the service was:

* Ensuring that consumers are treated with dignity and respect with their individuality and diversity valued.
* Demonstrating practises that ensure delivery of culturally safe consumer care and services.
* Evidencing consumers are informed and supported to make choices and maintain their independence, including supporting consumers to take risks to live the best life they can.
* Evidencing practises that ensure consumer privacy is respected and protected.

At the time of the performance report decision the service was not:

* Providing information that is current, accurate and timely to enable consumers to exercise choice.

At the time of the quality audit, consumers/representatives said they do not receive information that is easy to understand and enables them to make informed decisions about their services. Consumers evidenced in some cases that their services have been halved with no knowledge as to the reasoning, leaving them unsure about what services that could receive as part of their packages. At the time of the audit, the service provided the Assessment Team a copy of a letter that was sent to consumers advising of the changes, however many consumers that were interviewed lacked understanding and were hopeful that their services would be reinstated.

In response to the Assessment Team report, the service acknowledged that it would review the impact on consumers regarding changes to their services. The service was unable to evidence that information being provided was clear and easy to understand for consumers to enable them to exercise choice.

Acknowledging the comments made by the service in response to the Assessment Report, I find the service to be non-compliant with requirement 1(3)(e) at the time of the performance report decision.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant | Non-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. | Non-compliant | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

At the time of the performance report decision the service was:

* Evidencing consumers are involved and engaged in the assessment and planning of their own services.
* Demonstrating that the outcomes of assessment and planning are communicated with consumers and those they wish to be involved in the process.
* Evidencing the regular and episodic review of consumer care and services.

At the time of the performance report decision the service was not:

* Demonstrating embedded processes to consider, identify, and mitigate consumer risks during assessment and planning.
* Evidencing a consumer centric approach to service planning that accurately reflects needs, goals, and preferences, including end of life planning.

Consumers/representatives interviewed gave feedback that was generally positive regarding the services and supports received and staff interviewed felt the provision of information was adequate.

The assessment team however, identified that while key risks had been identified and documented for consumers sampled, care planning did not consistently outline documented care strategies to support staff to manage risks and deliver safe and effective care.

For consumers identified with dementia, there was no evidence of individualised behaviour management strategies to guide staff. The service was unable to evidence that important individualised information regarding consumers’ care and services needs was contained in documentation which has the potential to compromise the safety of consumers.

Furthermore, care documentation reviewed combined with feedback from consumers/representatives and staff interviewed confirmed that no discussions or information had been provided to consumers in relation to advanced care planning and end of life planning.

In response to the assessment team report, the service was unable to furnish evidence that care strategies were documented for consumers that enabled staff to manage risks and deliver safe and effective care. The service acknowledged that it was intending to include relevant information in consumer welcome packs and had undertaken to discuss advanced care planning and end of life planning with consumers.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, it will take time for the service to ensure appropriate documented care strategies are in place for consumers and to undertake discussions with consumers in relation to advanced care planning and end of life planning. I therefore find the service to be non-compliant with requirements 2(3)(a) and 2(3)(b) at the time of the performance report decision.

# Standard 3

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

Findings

At the time of the performance report decision the service was:

* Demonstrating safe and effective clinical care practices that reflect the individualised needs and preferences of consumers to optimise their independence, health, and well-being.
* Evidencing that consumers’ needs are recognised and responded to, including when consumers preferences change, or when they approach end of life.
* Evidencing that consumer deterioration is recognised and responded to by service staff in a timely manner.
* Demonstrating that consumer needs, goals and preferences are documented and communicated to inform those involved in delivering consumer care.
* Demonstrating the service makes timely and appropriate referrals to other organisations.
* Demonstrating practices that minimise infection-related risks for consumers.

At the time of the performance report decision, the service was not:

* Effectively managing the consideration, identification, and mitigation of high-impact, high-prevalence consumer risks through assessment & reporting tools and documented risk strategies.

At the time of the quality audit, the service was unable to demonstrate consistent reporting of high impact and high prevalence risks or monitoring to ensure effective management of those risks for each consumer. Documentation reviewed showed a lack of consistent information in relation to care planning, including the identification of risks, strategies or guidance for staff who regularly provide services to consumers.

Staff interviewed said the service does not provide medication assistance as consumers self-administer their medication. Staff also described how they report and document incidents for consumers. However, the Assessment Team identified information that staff were assisting consumers in the administering of Pro Re Nata (PRN) medications and that not all incidents are reported by staff and documented in the organisation’s incident management system.

At the time of the quality audit, management acknowledged the deficiencies noted by the Assessment Team and advised they are currently reviewing their systems and processes and would action identified gaps, including the addition of training on restrictive practices and a review of care planning documentation to include comprehensive behaviour assessments so that high impact or high prevalence risks can be appropriately documented and effectively managed.

In response to the assessment team report, management advised that it was undertaking steps to complete behaviour management plans for consumers to ensure high impact or high prevalence risks were documented and effectively managed. The service was also unable to evidence that incidents are reported by staff and documented in the organisations incident management system.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, I find the service to be non-compliant with requirement 3(3)(b).

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

Findings

At the time of the performance report decision the service was:

* Demonstrating practices that support consumers emotional, spiritual, and psychological well-being.
* Demonstrating support to consumers that enables community participation, maintaining of social and personal relationships and supports their independence.
* Evidencing effective communication within the service and with other organisations where consumers’ needs, or preferences involve shared care.
* Evidencing timely referrals are completed to optimise consumers quality of life.
* Ensuring that where meals are provided, they are of a suitable quality and quantity, supporting the nutritional needs of consumers to maintain health and well-being.
* Evidencing that equipment is provided and maintained in a safe way that is suitable for consumers.

At the time of the performance report decision the service was not:

* Demonstrating the delivery of safe and effective services and supports for consumers, to improve and promote their health, well-being, and quality of life.

Home Care Packages (HCP)

Consumers/ representatives reported the services and supports they receive help them to maintain their quality of life and independence. Staff interviewed had a good understanding of what is important to individual consumers, such as personal interests and spiritual needs, and could describe how they help the consumer to do as much as they can for themselves if this is their preference. Care planning documentation included information about the services each consumer needs, what was important to them and demonstrates that consumers are receiving services and supports of their choice.

Commonwealth Home Support Programme (CHSP)

Consumers/representatives were satisfied with how care staff support them in their daily living. However, further feedback from consumers and representatives indicated that services did not meet their preferences or were inadequate to meet their needs. Staff interviewed were able to show and understating of the support needs and how they support the independence of consumers. Staff however advised that not every consumer received the level and type of services to support their daily living. At the time of the quality audit, management advised that due to flexible funding arrangements post COVID, some services were reduced which caused confusing with some consumers.

In response to the assessment team report, the service was unable to evidence that consumers were receiving services and supports that meet their needs and preferences. The service was able to acknowledge that it was rectifying the gap in services and supports for consumers since the quality audit, however, was unable to evidence this at the time of the performance report decision.

Based on the information provided in the Assessment Report and acknowledging the work commenced by the service, I find the service to be non-compliant with requirement 4(3)(a) for Commonwealth Home Support Programme (CHSP) consumers at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

At the time of the performance report decision the service was:

* Demonstrating a welcoming service environment, optimising the interactions of each consumer whilst maintaining their independence.
* Evidencing safe, well maintained, and suitable equipment and furniture for all consumers.

At the time of the performance report decision the service was not:

* Evidencing a clean, comfortable, and well-maintained environment where consumers can move freely.

At the time of the quality audit, the service was able to demonstrate that the day respite centre and overnight respite cottage service environments are safe, clean, well maintained, and comfortable. Consumers also confirmed that they can move freely around the day respite centre service environment both indoors and outdoors. The Assessment Team however, observed that access to the outdoor covered area at the overnight cottage respite service to be locked, not allowing consumers to move freely around the service environment from indoors to outdoors. At the time of the quality audit, management and staff advised that the level of security was in place for the safety of consumers and staff explained how they support consumers to access the outdoor area when requested. The service was not able to evidence documentation in consumer care plans that demonstrated the need to restrict access to outdoors, or that consent from consumers/representatives had been documented.

In response to the assessment team report, the service was able to demonstrate that it had implemented a new strategy where the outdoor at the respite cottage service environment is no longer locked, enabling consumers to move freely both indoors and outdoors at the service.

Based on the information provided in the Assessment Report and the response by the service, I find the service to be compliant with requirement 5(3)(b) at the time of the performance report decision.

# Standard 6

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

Findings

At the time of the performance report decision, the service was:

* Encouraging consumers/representatives to provide feedback and make complaints.
* Evidencing consumers have access to advocates, language services and are aware of the methods for raising and resolving complaints.
* Responding to complaints appropriately ensuring an open disclosure process is used when responding to feedback and complaints.

At the time of the performance report decision, the service was not:

* Ensuring feedback and complaints are reviewed to improve the quality of care and services to consumers.

Consumers/representatives reported that the service responded quickly to complaints and changes were made where required to their individual services, with many consumers stating that issues were resolved immediately. Management was able to provide examples of how complaints from consumers/representatives are discussed amongst management and lead to improved service.

However, the service was unable to demonstrate that all complaints and feedback have been consistently captured, reviewed, analysed, or used to improve the quality of care and services for consumers. For some consumers interviewed, the assessment team was unable to sight complaints regarding changes to care staff on the service’s complaints register. Coordinators evidenced that if a complaint could be resolved quickly, the information was not provided to management to be documented. Management was unable to demonstrate complaints analysis processes and advised that each service location does not have access to centralised register.

At the time of the quality audit, management acknowledged the gaps and advised that the service would be implementing a new electronic incident/complaints managements system to support best practice complaints management handling.

In response to the assessment team report, the service was unable to evidence further information regarding its complaints analysis processes or improvements to the service with respect to compliance management handling and consistent documenting of complaints to enable improvements to the quality of care and services. Therefore, I find the service to be non-compliant with requirement 6(3)(d) at the time of the performance report decision.

# Standard 7

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

Findings

At the time of the performance report decision the service was:

* Demonstrating a planned workforce in the delivery of essential services, communicating changes to consumers where required to enable the continued management of safe and quality care services.
* Respecting each consumer’s identity, culture, and diversity.
* Monitoring and reviewing the performance of the workforce to ensure workforce members are competent, have the qualifications and knowledge to perform their roles effectively.
* Evidencing that service staff performance is monitored, managed, and assessed regularly and episodically when the need arises.

At the time of the performance report decision the service was not:

* Providing the workforce with the resources and training required to deliver quality care and services.

Management and staff interviewed were able to demonstrate recruitment processes and how the services used feedback from staff, consumers, and representatives to identify training needs. The service, however, was unable to demonstrate that staff were trained, equipped, and supporting to provide medication assistance or prompting. Management was unable to evidence that medication management training for care staff who are administering PRN medication for consumers had been undertaken.

Clinical staff evidenced that the service held specific annual mandatory training days for all staff, held in multiple languages however there was no indication that medication management training was included in these days. Staff interviewed, whilst demonstrating and understanding of restrictive practices, were unaware of restrictive practices being used and advised they have not received training in relation to them. Training attendance documentation reviewed did not include training related to medication management, medication prompting, assistance with medication or restrictive practice.

In response to the assessment team report, the service indicated that training in restrictive practices and medication prompting/management would be included in a future training session.

Based on the information provided in the Assessment Report and the response by the service, I find the service to be non-compliant with requirement 7(3)(d) at the time of the performance report decision.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-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. | Non-compliant | Non-compliant |

Findings

At the time of the performance report decision the service was:

* Engaging consumers in the development, delivery and evaluation of care and services.

At the time of the performance report decision, the service was not:

* Demonstrating its governing body is accountable for service delivery and a culture of safe, inclusive, and quality care.
* Evidencing effective organisation wide governance systems.
* Utilising effective risk management systems and practices to support consumers to live the best life they can.
* Evidencing a clinical governance framework that includes antimicrobial stewardship, minimising restraint, and open disclosure.

Non-Compliant Evidence

In relation to requirement 8(3)(b), the assessment team noted the service was unable to demonstrate that the management committee is provided with enough information to ensure safe and effective care of their consumers. Management advised that the service is not currently trending clinical data, such as wound care and falls to determine appropriate safety and quality measures are being identified and implemented for the management committee to review. Management also advised that complaints, incidents, and their outcomes are not collated and provided to management for centralised recording, limiting information that is provided to the governing body.

At the time of the quality audit, management advised that they would review clinical reporting and discussed how the introduction of an electronic complaints/incident management system would assist them with collating information easier for trending and analysis to better inform care and the management committee.

In response to the assessment team report, the service advised that it had developed a clinical governance framework and provided it to the assessors. Management and staff advised that clinical governance data would be collected in accordance with the framework. The service was able to explain how the governing body provides oversight with respect to incidents and complaints. Given the assessors have only recently received the clinical governance framework and that the information given to the governing body is limited with respect to incidents/complaints, the service would benefit from more time to imbed processes to ensure the governing body receive more relevant information to enable the promotion of a culture of safe, inclusive, and quality care and services to consumers

Based on the information provided in the Assessment Report and the work being undertaken by the service, I find the service to be non-compliant with requirement 8(3)(b) at the time of the performance report decision.

In relation to requirement 8(3)(c), the service is not demonstrating appropriate systems to ensure effective governance was being implemented to ensure safe, quality care is being provided in relation to workforce governance.

1. *Workforce governance*

Whilst management and staff are provided with job descriptions and most staff have a clear understanding of their roles and responsibilities, the service was unable to provide evidence of supporting care staff working within the overnight respite cottage with adequate training, guidance, and scope of practice in relation to medication management.

In response to the assessment team report, the service identified that the workforce has the appropriate qualifications and knowledge to perform their roles, however, were unable to evidence that it supports staff to deliver outcomes by ensuring they are appropriately trained and equipped in medication management to perform their duties as required by the standards.

Based on the information provided in the Assessment Report and the response by the service, I find the service to be non-compliant with requirement 8(3)(c) at the time of the performance report decision.

In relation to requirement 8(3)(d), the assessment team identified deficiencies in the management of high impact, high prevalence risks and incident management. Care planning documentation did not demonstrate consistent reporting of high impact and high prevalence risks, or monitoring, to ensure effective management of those risks for each consumer.

Management was unable to evidence that incidents were documented in a centralised register, limiting the ability for management to analyse and trend data for service improvement and understand the service in relation to incident management.

In response to the assessment team report, the service advised it was in the process of upgrading its incident management and reporting system to improve the analysis and trending data for service improvements to ensure effective management of risk for each consumer.

Based on the information provided in the Assessment Report and the response received by the service, I find the service to be non-compliant with requirement 8(3)(d) at the time of the performance report decision.

In relation to requirement 8(3)(e), at the time of the quality audit, all staff and management interviewed stated that there were no restrictive practices being used across all service types. The assessment team however, observed two types of restrictive practice being used within the overnight respite cottage.

Clinical staff advised that the service only facilitates medication prompting across all services, however the assessment team sighted medical authorisation documentation for the provision of PRN medication to a consumer completed by a consumer’s representative, and not a medical professional. The assessment team also noted that the clinical team were not aware that PRN medication was being administered at the overnight respite cottage and that a registered nurse is not always present or rostered on at the cottage. The assessment team was also unable to evidence that staff rostered on and administering medication were appropriately qualified in the administering of oral medication.

As at the completion of the quality audit, the service had advised that no PRN medication was to be administered until appropriate authorisation has been received from medical professionals and had advised that resources on restrictive practice had been collated for review and discussion with the clinical team.

In response to the assessment team report, the service advised that training in restrictive practices and medication prompting/management would be included in a future training session.

Based on the information provided in the Assessment Report and the work being undertaken by the service, I find the service to be non-compliant with requirement 8(3)(e) at the time of the performance report decision.

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)