**Performance**

**Report**

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| Name: | James Brown Memorial Trust Kalyra Community Services |
| Commission ID: | 600104 |
| Address: | 2 Kaylra Road, BELAIR, South Australia, 5052 |
| Activity type: | Quality Audit |
| Activity date: | 15 January 2024 to 16 January 2024 |
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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: 95 James Brown Memorial Trust  
Service: 18527 James Brown Memorial Trust Kalyra Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7402 James Brown Memorial Trust  
Service: 23865 James Brown Memorial Trust - Community and Home Support

**This performance report**

This performance report for James Brown Memorial Trust Kalyra Community Services (**the service**) has been prepared by K Jarvie, 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, which 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 29 January 2024, accepting the content of the Assessment Team’s report.

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 | 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. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives described how consumers are treated with dignity and respect and how the service recognises and values the consumer’s identity, culture and diversity. Staff and management described how they ensure each consumer’s identity and culture is valued, through listening to the consumer, respecting the consumer’s choices and opinions and wishes when delivering services and tailoring services to meet the needs and preferences of each consumer. Staff were observed speaking about and interacting with consumers respectfully and inclusively. Documentation showed respectful and detailed consumer file notes.

Consumers described how the service meets their needs and delivers a service that is culturally safe. Staff and management demonstrated understanding of consumers’ cultural backgrounds and described how they ensure services reflect each consumer’s cultural needs and diversity. Management described how staff are supported to provide culturally safe services, including ensuring staff complete online cultural training and providing staff with cultural and background information about consumers. Documentation showed the service develops consumer profiles to determine the consumer demographics and matches consumers with staff based on the profiles.

Consumers stated they can choose the activities in which they participate, and they feel supported to make decisions about the care and services they receive. Consumers confirmed the service recognises and supports their social connections. Management described, and policies and procedures confirmed, decisions about care and who is involved is completed in partnership with consumers and/or their representatives.

Staff and management described the service’s approach to dignity of risk and how they support consumers to live the best life they can. Documentation showed staff have access to policies, procedures, work instructions and dignity of risk forms to guide risk assessment and risk management to support consumers when taking risks. Documentation showed the service has a risk management policy and dignity of risk form which guide staff uses these guidance documents to ensure appropriate risks are communicated and agreed by consumers.

Consumers and representatives confirmed consumers are provided with timely and relevant information when they first commence services and when anything changes. Staff and management described how the service provides information to consumers and encourages and supports consumers to access the service’s mobile application to access live and up‑to‑date information. Management described various communication channels the service uses to provide consumers with current, timely and accurate information.

Consumers and representatives confirmed they were confident the consumer’s privacy is respected whilst receiving services and staff are respectful of personal information. Staff described how they maintain consumer confidentiality and how they can only access consumer information they require to perform their role. Management demonstrated the electronic file management system is password protected and access is limited by staff role. Management stated staff and management are provided information about privacy and confidentiality, including relevant policy and procedure documents.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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. | Compliant | 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 | 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

Consumers and representatives confirmed consumers’ care and services are well planned, with staff discussing with consumers their care and service goals and needs. Management, coordinators and clinical staff described the processes for undertaking comprehensive assessments of consumers to identify risks and develop care plans with documented strategies to mitigate identified risks. Documentation showed risks are assessed and documented for consumers.

Consumers and representatives confirmed assessment and planning processes identify the consumer’s needs, goals and preferences and advance care planning has been discussed. Staff and management advised advance care planning is discussed with consumers on entry to the service and through review consultations. Documentation showed care plans contain personalised needs, goals and preferences for consumers, including details on how the service can help the consumer to achieve the consumer’s desired outcomes and advance care planning.

Consumers and representatives confirmed the consumer is involved in planning and making decisions about their care and services. Staff and management described how consumers and their representatives, family and carers are involved in assessment and planning of care and services. Coordinators and clinical staff described how the service partners with others involved in the care and services for consumers. Documentation showed ongoing partnership with consumers, representatives and others involved in the assessment, planning and care for the consumer.

Consumers and representatives confirmed the outcomes of assessment and planning are communicated and a copy of the consumer’s care plan is provided to the consumer and is available to staff. Staff confirmed they have information they require at point of care and service delivery to guide them in the delivery of safe care and services. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to staff and subcontractors at the point of care and service delivery. Documentation showed detailed comprehensive information in consumer care plans to guide staff when delivering care and services.

Consumers and representatives confirmed regular contact with the service and the consumer is reviewed at least annually or when needs change or after hospitalisation. Staff and management described the service’s processes for reporting any level of deterioration as an incident, to enable a review of care and services to respond to emerging risks for consumers. Documentation showed consumers are reviewed regularly and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, in line with the service’s processes.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# 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. | Compliant | 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

Consumers and representatives confirmed consumers receive care and services tailored to the consumer’s needs and preferences. Staff described how feedback from consumers helps them know the personal care they provide for consumers is safe and effective. Management stated clinical staff have access to an online clinical practice manual in addition to clinical policies and procedures which inform and guide staff on best practice, evidence based clinical care. Documentation showed detailed instructions to staff to support each consumer’s needs, goals and preferences, as identified through documented assessments.

Consumers and representatives confirmed the service and staff ensure consumers receive safe personal and clinical care. Management described the processes for the management of risks for consumers, including the management of wounds. Documentation confirmed individualised risk management strategies are implemented to ensure consumer risks are managed, such as monitoring, review, incident reporting and using risk mitigation strategies.

Staff and management described how consumers’ end of life wishes are discussed with consumers and/or their representatives and how they liaise with the family and health professionals to meet the needs and preferences of consumers nearing end of life. Documentation showed ongoing review of care and services and liaison with an external palliative care team and health practitioners when supporting consumers nearing end of life.

Consumers and representatives confirmed they feel confident staff would notice if the consumer’s health changed and staff would respond appropriately. Staff described the processes to report and respond to changes related to consumers, including general deterioration, change in mobility, mental health and level of independence. Management described processes to identify and respond to deterioration, including reviewing progress notes and reviewing and responding to incidents. Documentation demonstrated examples of staff recognising and responding to deterioration.

Consumers and representatives confirmed staff know the consumers and the consumers do not need to repeat information about their needs and preferences. Staff stated relevant information about consumer care and services is documented and communicated through support plans available at the consumer’s home. Management stated monthly reports are received from external allied health professionals providing ongoing therapies for consumers which are reviewed and actioned by the service where required. Documentation confirmed comprehensive support plans, including individualised care and service instructions and progress notes are available to guide staff.

Consumers and representatives confirmed consumers are referred to other health professionals when required. Staff described the referral process and how consumers are assisted to access referred service providers. Management described processes to refer consumers within the service and externally to other health professionals or My Aged Care. Documentation showed consumers are referred to other services/supports when a need is identified.

Consumers and representatives stated the service and staff keep the consumer safe by using personal protective equipment and pre-visit symptoms screening processes. Staff and management demonstrated there are policies, procedures, staff training and monitoring processes in place to prevent and control the risk of infections. Documentation showed the service ensures staff receive ongoing mandatory training on infection control, consumers are provided with regular health literacy articles including hand hygiene, hydration and heat waves, and antimicrobial stewardship.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 3, Personal care and clinical care.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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 | 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 | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives confirmed consumers are supported to live independently through the various services the consumer receives. Staff and management described how services are tailored to the consumer’s needs, goals and preferences and how the services optimise the consumer’s independence, well-being and quality of life. Documentation showed consumer goals and detailed strategies are recorded to guide staff to support consumers to achieve their goals and optimise their independence.

Consumers stated staff know them well and would recognise if the consumer was feeling low and they would respond appropriately. Staff described how the social support services provide emotional support for consumers and they demonstrated an in-depth knowledge of each consumer.

Consumers and representatives confirmed community services enable consumers to do things of interest to them and to maintain social relationships. Staff and management described how the service supports consumers to meet their goals, including having reliable transport services for social outings and community interactions. Documentation showed information about social and emotional support and consumer preferences about activities of choice and places of interest is recorded in care plans. However, information about consumers’ social history was not consistently documented in all care plans. Management advised care plans will be reviewed to ensure comprehensive information about each consumer’s life history is recorded.

Consumers and representatives expressed general satisfaction with communication from the service and stated staff usually work well together to meet the consumer’s needs. Staff and management described how relevant information about consumers is documented and communicated within the service and with others where responsibility for care is shared. Although one contracted support worker stated they do not have access to consumer information and would be unsure who to contact to share information, another subcontracted support worker stated they are in regular contact with the service coordinator and provides information about the consumer to the coordinator. Management acknowledged a gap regarding information sharing with some subcontracted service providers and included an action in the plan for continuous improvement to address this gap.

Consumers and representatives confirmed referrals to allied health professionals are timely and support consumers to access appropriate mobility devices. Coordinators described processes to refer consumers to other services when required, including prepared meal services and community services to support consumers. Documentation showed both CHSP and HCP consumers are referred to external allied health services and My Aged Care when there has been a decline noted in the consumer’s condition.

Consumers receiving HCP subsidised meal services confirmed they are satisfied with the meal services provided, with the meals meeting their nutrition and hydration needs and preferences. Staff described the range of meal delivery services HCP consumers can access to meet their cultural and dietary requirements. Management advised staff complete safe food handling training regularly to support consumers with meal preparation services in their homes. Documentation showed consumer dietary needs and preferences are recorded, with identified risks relating to consumer nutritional and hydration status documented to guide staff practice.

Consumers and representatives confirmed equipment provided for consumers is safe and assessed as suitable by allied health professionals. Staff and management described how each consumer’s equipment is assessed by allied health professionals and supplied in line with the allied health professional’s recommendations. Although one representative discussed an assessed home modification which did not occur because of the high cost of the proposed modification, management advised the process for consideration of the home modification had not been followed correctly. Management confirmed they would liaise with the affected consumer to find a suitable solution for the home modification.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 4, Services and supports for daily living.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) in Standard 4, Services and supports for daily living.

The CHSP service is not funded for meal services. Therefore, Requirement (3)(f) is not applicable for the CHSP service.

# 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 | Not Applicable |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Consumers confirmed they feel safe when being transported in the community and stated the vehicles are clean and well maintained. Management stated all vehicles are managed by a fleet provider responsible for regular servicing, inspections and scheduled maintenance. Management stated, and documentation confirmed, a vehicle safety inspection process is used for vehicles owned by staff and used to transport consumers. Observations confirmed vehicles are clean and suitable for use.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with Requirement (3)(b) in Standard 5, Organisation’s service environment.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with Requirement (3)(b) in Standard 5, Organisation’s service environment.

Requirements (3)(a) and (3)(b) were not assessed as they were deemed not applicable, with the service environment being fleet and staff vehicles only.

# 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. | Compliant | Compliant |

Findings

Consumers and representatives confirmed they were provided with information about feedback and complaints, they know how to provide feedback or make a complaint and they feel supported to raise concerns. Staff described how they encourage and support consumers to raise complaints about the services, including supporting consumers to submit feedback through the application, completing paper feedback forms or calling coordinators. Management advised and documentation confirmed, information about how to provide feedback and complaints is provided to consumers through various mechanisms.

Consumers and representatives confirmed they are aware of external services and mechanisms to raise feedback and complaints and they know they can access advocacy services. Staff confirmed they are aware of how to access interpreter and translator services if required. Management described various ways the service has provided consumers with information about advocacy services, including guest speakers at consumer focus groups and events and information in consumer newsletters.

Most consumers and representatives described feeling confident the service would address any complaints raised to the satisfaction of the consumer. One consumer expressed some dissatisfaction with the service’s response to a recent complaint and management responded appropriately when this dissatisfaction was made known to them. Although management described and provided documentation to evidence the process the service uses to manage feedback and complaints, outcomes and follow up actions are not always consistently documented. However, impacts to consumers were not identified. Management acknowledged documentation could be improved, to ensure completed resolutions and follow up actions are effectively captured within the feedback and complaints register as well as in consumer files.

Consumers provided examples of how the service has used feedback and complaints to improve the quality of care and services, including updating monthly statements to make them easier for consumers to understand. Staff described how feedback and complaints is used to identify trends and improve the quality of the services delivered. Management described how the service records, analyses and responds to feedback and complaints to improve the quality of care and services, with complaints escalated and referred within the service to drive change and make improvements.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 6, Feedback and complaints.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives advised staff and contractors consistently arrive on time, have appropriate skills to provide care and services and use their time efficiently. Staff and volunteers confirmed there are enough staff to effectively perform their roles. Management described how the service uses a rolling recruitment drive to maintain a consistent workforce.

Consumers and representatives confirmed care and services are delivered in a kind and caring manner, with staff knowing how to support the consumers. Staff stated they receive face-to-face training on a person-centred approach to care and service delivery. Management confirmed staff receive training on how to provide person-centred care and services. Documentation showed policies and procedures reflect a person-centred approach to delivery of care and services.

Consumers and representatives confirmed staff delivering care and services are competent. Staff stated they are provided with education and support which enables them to competently perform their roles. Management described how workforce competency is assessed through a comprehensive recruitment process and ongoing monitoring using training, induction processes and regular one-on-one staff meetings. Documentation showed ongoing assessment and monitoring of staff and the subcontracted workforce occurs.

Consumers expressed satisfaction with the skills and knowledge of staff. Staff described how they are supported by the service through induction, mandatory training, regular one-on-one meetings and staff meetings. Management described the service’s processes to support the workforce, including orientation, induction and training which is monitored for completion. Documentation showed the workforce completes orientation, induction and regular and additional training based on legislative change, including training on the Serious Incident Response Scheme.

Staff confirmed they are involved in regular performance discussions with senior staff or management. Management described the processes for regular assessment and monitoring of staff performance, including annual performance appraisals. Documentation showed formal staff performance management occurs, including warning letters and staff dismissal processes if warranted.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 7, Human resources.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 7, Human resources.

# 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. | Compliant | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives described how they engage with the organisation through feedback, surveys and discussions with staff. Management described how consumer feedback through formal and informal channels is used to influence the delivery of services, including collating and analysing feedback from surveys, discussions in consumer focus groups and consumer advisory bodies. The service has implemented 2 consumer advisory bodies which report to the governing body to facilitate consumer involvement and input in care and service delivery.

Management spoke to the reporting processes in place to ensure the governing body is aware and accountable for the delivery of care and services. The governing body meets monthly and considers various items to ensure a culture of safe, inclusive and quality care, including clinical issues, incident data, feedback and complaints and continuous improvement. Although management acknowledged there are no systems in place to monitor and oversee services provided by subcontractors, management developed actions for continuous improvement to address this gap. No impact was identified for current consumers.

Interviews with consumers, staff and management, and review of documentation, showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Consumer information is stored securely, and staff have access to relevant information and documentation. There is a plan for continuous improvement and the service actively seeks and identifies service improvements. There is an established financial management document which outlines the governing body and management responsibilities. Workforce governance is supported by policies and procedures and there are effective systems and processes to ensure the workforce is competent and supported to deliver the outcomes required in the Quality Standards. The organisation partners with an aged care peak body to interpret aged care reforms and develop guidance materials to ensure staff deliver care and services in line with any new regulations. The service has effective and proactive feedback and complaints processes, with relevant policies and procedures, including in relation to open disclosure.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life and managing and preventing incidents. Management described how the service uses validated assessment tools to identify high impact or high prevalence risks for consumers and systems in place to manage identified risks. The service demonstrated policies and procedures are in place to identify and respond to elder abuse and neglect, with staff provided relevant training. Management and staff described the risk management policy and processes which supports consumers to live the best life they can, with dignity of risk considered and discussed. Management described, and documentation confirmed, the updated consumer incident management policy which includes information about the serious incident response scheme. Documentation showed evidence of how the incidents are reported and managed.

Management described how the governing body maintains oversight of clinical care, antimicrobial stewardship, use of restrictive practices through regular clinical and governance committee meetings. Documentation confirmed this occurs. There is an organisation wide system for preventing, managing and controlling infections and antimicrobial resistance and there are relevant policies and procedures in place, with staff completing mandatory infection control training. Management demonstrated an understanding that restrictive practices should only be used as a last resort. Documentation showed there are policies and procedures in place to guide staff on minimising restrictive practices. The service has an open disclosure policy, and documentation demonstrated this policy is applied.

The impacted care types are HCP and CHSP subsidised services.

Based on the information summarised above, I find the provider, in relation to the HCP service, compliant with all Requirements in Standard 8, Organisational governance.

Based on the information summarised above, I find the provider, in relation to the CHSP service, compliant with all Requirements in Standard 8, Organisational governance.

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)