**Performance**

**Report**

**1800 951 822**

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| Name: | Jesmond Home Services |
| Commission ID: | 201511 |
| Address: | 81 Albert Road, STRATHFIELD, New South Wales, 2135 |
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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: 3229 Jesmond Aged Care Pty Ltd  
Service: 28003 Jesmond at Home

**This performance report**

This performance report for Jesmond Home Services (**the service**) has been prepared by Julia Durston, 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.

# Assessment summary for Home Care Packages (HCP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as compliant as six of the six specific Requirements have

been assessed as compliant.

Consumers and representatives described staff as kind, caring and respectful. Staff spoke respectfully about consumers, demonstrated an understanding of their personal circumstances and preferences and how they influenced the delivery of consumers’ individual care and services. Care documentation included information about consumers’ background, important relationships and things that are important to them.

The Assessment Team found care and services are culturally safe. Consumers said their individuality is recognised and respected. Staff described the importance of listening to what consumers want and respecting their individual differences, so they feel valued. Staff said they did not make assumptions about people based on their country of birth, languages spoken, religion, or other characteristics because people from the same culture may have different cultural needs. The service has a ‘Dignity and Choice Policy’ and resources available to staff on providing culturally safe care and services. Management described how providing culturally safe care was a founding value for the organisation and is embedded into core processes for the service, consistent with documentation and resources reviewed.

The Assessment Team found each consumer is supported to exercise choice and independence. Consumers and representatives said they were able to choose when and what services are provided and that those choices are respected, which was reflected in care documentation. Staff demonstrated knowledge and understanding of consumers’ choices and could describe how they support consumers to make informed choices about their care and services.

The service demonstrated each consumer is supported to take risks to enable them to live their best life. Consumers described how the service supports them to live their best life. Staff explained how they support consumers to live their best life by linking them with services that meet their needs or supporting them to do their preferred activities. A case manager described how the service respects and supports consumers to manage potential risks when they choose to decline recommended services (such as physiotherapy for mobility and falls prevention) in order to receive services they would prefer (such as social support). Support workers also described the support and assistance measures provided to ensure consumers are as safe as possible while living their best life.

Consumers and representatives confirmed they receive timely and clear information from the service. The consumer welcome pack includes information on home care package services, fees and services, and information about My Aged Care. Information on advocacy, privacy, internal and external complaints is also provided. Consumers and representatives confirmed they were provided with a copy of their care plan and budget and that they receive monthly statements. Management confirmed information such as accessing advocacy services and how to make complaints is available to consumers in several languages.

The Assessment Team found consumers said their privacy is respected by staff and their information is kept confidential. Staff described how they protect consumers’ personal information and show respect for their privacy, including not talking about consumers in public, and not accessing the electronic management system outside of work time. The service has policy and procedures in place to ensure confidentiality and privacy of personal information.

# Standard 2

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

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The Assessment Team found the service demonstrated assessment and planning processes, including risks to the consumer’s health and well-being informed the delivery of safe, effective care and services. Validated assessment tools are used and appropriately applied to identify the consumers’ individual needs and goals. Assessments are carried out either by the registered nurse, occupational therapist, physiotherapist, case, or service manager, depending on the complexity of needs and approved levels. Consumer care plans contained individualised strategies and interventions. Support workers could describe consumers specific risks and were able to discuss interventions and/or mitigation strategies used.

Consumers said they were satisfied with the care that was provided to meet their individual needs, preferences, and goals, and care documentation showed these had been identified and discussed with consumers. Care documentation evidenced consumer needs and preferences were captured, and advance care planning had been raised with consumers and representatives. However, many declined to discuss advance care planning, stating they would discuss when the time arose.

The Assessment Team found the service demonstrated that assessment, planning and review is based on a partnership with consumers and those they wish to be involved, including other organisations, individuals, providers of other care and services. Consumers and their representatives advised the services involves them in care planning and regular reviews of care and services and has staff who can communicate in the consumers’ language including Arabic, Korean and Tamil. One consumer representative described how the service worked with an external vascular specialist resulting in effective treatment and healing of the consumer’s leg ulcer. Consumer documentation contained information from a range of service providers such as, general practitioners, allied health reports and hospital discharge summaries.

Consumers advised they were satisfied with the service, assessment outcomes were communicated to them and they had access to their care plan if needed. Support workers said in addition to care plans, they can access care related information through care notes and verbal communication with the service manager, case managers, registered nurse, and conversations with consumers and their representatives. The service has an electronic care management system.

The Assessment Team found care and services are reviewed regularly for effectiveness and when circumstances change, including when incidents impact the needs, goals and preferences of consumers. Consumers and representative confirmed care and services are reviewed regularly. Support workers interviewed said care documentation is updated when changes occur, with either the service manager, case manager or registered nurse calling to inform them about the changes. Care documentation showed regular care and service reviews, and regular monthly phone calls to consumers and/or their representatives are conducted to maintain ongoing support and oversight. The service provided evidence it had organised a case conferences with a consumer and their family to review the consumer’s increased care needs post hospital discharge.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements

have been assessed as compliant.

The Assessment Team found the service demonstrated that each consumer receives care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives advised they were satisfied with their personal and/or clinical care and it was safe and effective. Management said they conduct monthly follow-up calls with consumers and their representatives to ensure the consumers are receiving safe and effective care. Policies on care provision incorporate the Aged Care Quality standards and other best practice sources. A representative described how the service’s new care manager had organised and increase in support services, a clinical assessment with the registered nurse who worked effectively with the hospital wound and vascular specialist to ensure the consumer’s wound healed.

The service demonstrated effective management of high-impact, high-prevalence risks associated with the care of each consumer. Risk assessments are completed during the initial assessment, at each care plan review and when circumstances change. Risk forms are completed regarding discussions with consumers and their representatives, including mitigation strategies if they choose to take risks. Support workers can access consumer care and service information on their mobile application, which alerts them to possible risks, and includes mitigation interventions and strategies to be used during scheduled services. The service maintains an incident register as well as a high-risk register to effectively manage high-impact, high-prevalence risks associated with consumers’ care such as changed behaviours, cognitive decline, wounds, nutrition and hydration and mobility issues. Care documentation identified consumers’ high-impact, high-prevalence risks and mitigation strategies.

The Assessment Team found the service demonstrated the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Management advised advance care plans or directives are discussed and information is provided to consumers and representatives if they do not have an advanced care plan in place. Advanced care plans are reviewed during the annual care plan review and when a consumer’s condition changes. Review of the end-of-life care and support for one consumer showed that the organisation provided and arranged referral for palliative and end-of-life care services that enabled the consumer to pass away peacefully at home surrounded by family.

Representatives advised they were confident support workers would identify and respond to consumer deterioration and change in a timely manner. Support workers were able to explain the process for escalating and responding to change or deterioration of consumers’ condition and completing an incident report with the case manager when appropriate. Case managers are either registered nurses or enrolled nurses who provide clinical care when needed. Enrolled and registered nurses maintain frequent communication with each other to ensure consumer deterioration is recognised and responded to in a timely manner by the service. This was demonstrated when a support worker reported a consumer’s behaviour had changed, they were resisting personal care, and the consumer had multiple falls in a month. A registered nurse conducted a clinical assessment to identify the consumers current care needs and requirements. A case conference was organised with the family to discuss review by the GP and geriatrician, additional support needs in relation to increased support worker time, referrals to appropriate allied health professionals.

The Assessment Team found information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others responsible for their care. Consumers and representatives advised they were satisfied with the communication of consumer care and service information. Support workers have access to care plans and case notes on a mobile phone application.

The service demonstrated timely and appropriate referrals to individuals, other organisations and care and service providers, including occupational therapists, physiotherapists, dieticians, medical practitioners, registered nurses and providers of equipment, such as commode chairs. Consumers and representatives advised they are satisfied that when needed, the service enables appropriate individuals and others to be involved in care and service delivery.

The service demonstrated the minimisation of infection related risks through implementation of precautions to prevent and control infections and promoted appropriate antibiotic prescribing to reduce the risk of increasing resistance to antibiotics. Consumers and their representatives interviewed said they were satisfied with the measures taken by the support workers to protect consumers from infection. The service manager, case managers and registered nurses interviewed demonstrated a good understanding of antimicrobial stewardship, infection control, and standard precautions. The service has a case manager who is also the infection prevention control (IPC) lead, and another case manager is completing the training for the qualification.

# Standard 4

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

Findings

The Quality Standard is compliant as all of the Requirements assessed have been assessed as compliant.

The Assessment Team found the service demonstrated each consumer gets safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. Sampled consumers advised they receive social support, including companionship and support staff to assist them to optimise their choice and independence. Consumers and representatives said the organisation provided services to assist them to access activities for daily living and independence whilst optimising their quality of life.

The organisation demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and their representatives said staff knew consumers well and described how the organisation provided services that supported and enhanced consumers’ emotional and psychological well-being, including socialisation, companionship, and community outings.

The service demonstrated that it supports consumers to participate meaningfully in their communities, to have social relationships, and pursue activities of interest to them. One consumer was assisted to purchase a computer to enable them to maintain social and personal relationships with family and friends. Sampled consumer care plans documented consumers’ preferences for community outings and other areas of interest. Care plans contained individualised consumer preferences, such as continuing regular outings with neighbours and friends at the bowling club on a specific day each week.

The Assessment Team found the service demonstrated information about consumers, condition, needs and preferences is communicated within the organisation and with others who are responsible for the consumer’s care. Consumers and representatives confirmed support workers were well informed about their needs and preferences, including social and emotional needs. Support workers confirmed they access consumer information on the service’s mobile application. Management advised face to face and verbal handovers also ensure changes to consumer needs are effectively communicated.

Timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Consumers and representatives provided feedback about the effective and timely referral process. Review of care documentation showed timely and appropriate referrals are made in response to the needs of consumers.

The service demonstrated, where equipment is provided, it is safe, suitable, clean and well maintained. Representatives advised they can call the service if anything is wrong and they were confident any equipment would be repaired or replaced immediately if needed. Support workers said during their scheduled visits with consumers they conduct visual inspections of assistive devices and mobility aids to ensure they are safe to use. If they suspect the equipment is faulty, they call the office immediately.

The Assessment Team did not assess Requirement 4(3)(f) as the service does not provide meals or food within the organisation’s service environment.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have

been assessed as compliant.

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints. Staff were able to describe the service’s feedback and complaints processes for consumers, representatives, including the process they follow when consumers or representatives raise issues with them directly. The Assessment Team found the complaints register included complaints consumers had mentioned to them, and actions taken by the service in response.

The Assessment Team found consumers are made aware of and have access to advocates, language services and other means of raising and resolving complaints. Consumers stated they are aware of advocacy and language services and the complaints and escalation process if required. Some consumers stated they felt safe raising complaints directly with the service. Staff demonstrated an understanding of consumer advocacy policies, and they were able to describe how they assist consumers who have cognitive impairment and communication difficulties to make complaints. The service’s welcome pack includes information on how to make a complaint and how to access advocacy services, and consumer’s home file contains this information in their preferred language.

Consumers and representatives said the service addresses and resolves their complaints, and management provide an apology upon the making of a complaint or when things go wrong. The service has policies and procedures that guide staff through the complaints management and open disclosure process. Support workers were able to describe the process followed when receiving feedback or a complaint and said they escalate complaints. The complaints register demonstrated each complaint had been appropriately investigated and the consumer/representative had been involved in the process. Open disclosure was reflected in most entries.

The Assessment Team found feedback and complaints are reviewed and inform improvements to the quality of care and services. Consumers advised the service seeks their feedback about the services they receive via monthly phone calls from their care coordinator and on an ad hoc basis from support workers. The service conducts consumer and representative feedback surveys twice per year. Management were able to explain how information from consumer feedback and complaints provided insights to the quality of services provided and is included in reports to the governing body. The service noted that in response to a trend in consumer complaints about being unable to contact their case managers, a new central number was implemented and case managers work together to ensure consumer needs are met. Management said there were no complaints regarding the issue in November 2023.

# Standard 7

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

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have

been assessed as compliant.

The Assessment Team found the service demonstrated the number and mix of the workforce are sufficient to deliver safe and quality care and services to consumers. Management said they are participating in a government aged-care workforce program which is providing sufficient new staff for their ongoing recruitment. All sampled consumers said they are satisfied with the support workers currently providing services for them. The service had no unfilled shifts in the month prior to the Quality Audit. All services affected by unplanned staff leave were reallocated to another support worker or rescheduled to another suitable time for the consumer.

Consumers said that staff are kind and caring and that they respect their identity and diversity, with one consumer noting they appreciate speaking in their language with some of the support workers. Staff demonstrated how they provide care that is respectful of consumers’ identity, culture and diversity. One support worker explained how they treat each consumer as an individual, described individual preferences of consumers and how they accommodate them.

The Assessment Team found the workforce is competent and the members of the workforce have the skills, qualifications and knowledge to effectively perform their roles. Consumers advised that staff are well trained and knowledgeable. The human resources department checks qualifications when staff are recruited and monitors that they remain current. Support workers confirmed they had comprehensive orientation and ongoing training that helps them to feel confident in their role.

The service demonstrated its workforce is recruited, trained, equipped and supported to deliver the outcomes required by the quality standards. Staff are recruited using a formal recruitment process, including interviews, referee checks and qualification checks. Staff records, including copies of qualification transcripts and evidence of completed training were sighted. Staff confirmed they are provided time and support to complete ongoing training. The service has an online training platform including all aspects of care and service provision, and there is also face-to-face training. The service has a mandatory annual training program that covers all aspects of the quality standards and was noted to be up to date for all staff.

The Assessment Team found the service demonstrated there is regular assessment, monitoring and review of staff performance. Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review systems in place. The Assessment Team sighted completed appraisal documentation and the service’s policies and guidance materials on performance management. The service seeks regular feedback from consumers and representatives on the performance of sub-contracted staff, raises any issues identified with the relevant agency and if there are ongoing performance issues the agency is replaced.

# Standard 8

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

Findings

The Quality Standard is assessed as compliant as five of the five specific Requirements have

been assessed as compliant.

The Assessment Team found on balance the service engages and supports consumers to be involved in the development, delivery and evaluation of care and services. Sampled consumers and representatives advised they provide ongoing input into how care and services are delivered, through monthly phone calls from the service, surveys, and face-to-face discussions. They confirmed they felt included in discussions on care planning and service provision. Staff said management is responsive to consumer feedback in relation to visit schedules and seeking to ensure consumer preferences are met based on individual consumer circumstances. Until recently a consumer receiving a home care package sat on the Board but withdrew for health reasons. Management said their input was invaluable and confirmed they are seeking another consumer to fill the position.

The Assessment Team found interviews with management and review of records showed the governing body is accountable for and promotes the delivery of safe, inclusive care and services. The organisation has policies to guide management and staff and to inform consumers and others to promote safe, inclusive, and quality care and services. The organisation has a clinical governance framework that includes cascading accountability from the service manager through various governance committees to the governing body. Regular reports are submitted by the service to the governing body through committees on the quality and safety of the care and services delivered, and include information on clinical and quality indicators, incidents reports, feedback and complaints and they identify trends and areas for continuous improvement.

The service demonstrated it has effective organisational governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There are policies and procedures that detail processes around each governance system to guide staff practice. Consumers and representatives said they felt the service encourages feedback and complaints and uses this information for continuous improvement. The service has a continuous improvement plan which was up to date and showed evidence of ongoing review.

Staff were able to describe key principles of the organisation-wide governance systems, such as feedback and complaints and regulatory compliance. The service has an electronic care management system that includes care plans, risk assessments and agreements are attached to the system. Staff in the field access the system via use of a phone application.

There are financial governance systems in place. The case managers discuss fund utilisation with the service manager at regular meetings, and this is also discussed at monthly manager meetings at the organisation level looking at reasons why funds aren’t being spent and actions in place. This is then reported to the governing body who maintain oversight of the service’s income and expenditure.

The Assessment Team found the organisation demonstrated effective workforce governance. Job documentation is provided to all staff, including a job description with clear explanations of roles and responsibilities. All staff interviewed were aware of their roles, accountability, and responsibilities. Staff are provided with adequate training, to support them in their roles and relevant training records were sighted.

The service manager is supported by the organisation’s quality team to monitor regulatory compliance. Management demonstrated knowledge regarding SIRS reporting for home services, minimising use of restrictive practices, consumer advisory body requirements, pricing caps, and other recent and upcoming home care package program reforms and changes. The service monitors staff compliance with regulations such as police checks, car registration and insurance for operational staff, and vaccinations for COVID-19 and influenza.

The service has effective systems and processes in place to ensure consumer, representative and staff feedback is captured, and that information is used by management to inform and improve services. This information is communicated to management and the governing body, including complaint trends, data and plans for continuous improvement.

The Assessment Team found the service demonstrated effective risk governance systems and practices. The service maintains a risk register which records consumers who are vulnerable, living with dementia, at risk of falls, and other risks identified by the service or via clinical assessment. Risks are identified, analysed, evaluated, and treated in accordance with a risk matrix. Consumer documentation showed the service is in frequent contact with consumers identified as high risk.

The service incident register was maintained on an excel spreadsheet with information manually transferred from incident forms and/or consumer documentation. However, the service is in the process of selecting a new electronic care management system. The service manager and chief operating officer both said integrated reporting of incidents is a key requirement for the new system. The Assessment Team noted there were few incidents recorded for the last 6 months. Management identified there had been some confusion regarding which incidents were recorded on the register, with only those occurring within service times listed. Management clarified their process for identifying incidents includes recording those with actual or potential for harm to a consumer, and that several other incidents in the past 6 months were followed up. This was evidenced in consumer documentation. During the Quality Audit management developed an improved process for incident reporting consistent with the service policy and explained how this would be implemented with staff. By the end of the Quality Audit, case managers had added additional incidents to the register which related to non-response to scheduled visit and falls that occurred out of service time, with evidence of investigation and outcomes documented.

The Assessment Team found the organisation has a clinical governance framework that includes policies and procedures on antimicrobial stewardship, minimising the use of restraint and open disclosure. The framework ensures the workforce is supported with qualified clinical advice when needed and adequate supervision and advice is provided to operational staff when clinical or personal care is being provided. Staff demonstrated an awareness of antimicrobial stewardship and minimising the use of restraint. Use of open disclosure was evident throughout care and service documentation, and staff interviewed demonstrated their knowledge of open disclosure. The governing body has members with clinical qualifications and experience who provide clinical oversight for all care and services provided by the organisation.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)