**Performance**

**Report**

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| Name: | Just-For-U |
| Commission ID: | 300906 |
| Address: | 424 Warrigal Road, HEATHERTON, Victoria, 3202 |
| Activity type: | Quality Audit |
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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: 7250 JFU Job Seek Pty Ltd  
Service: 26249 Just-for-u

**This performance report**

This performance report for Just-For-U (**the service**) has been prepared by L Glass, 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 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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 6 of the 6 specific requirements have been assessed as Compliant.

Consumers and representatives interviewed said in various ways that they are treated with dignity and respect, with their identity, culture and diversity valued. Eleven of eleven consumers and representatives stated that they had not been disrespected by staff.

Consumers and representatives interviewed said in different ways that staff understand consumers cultural needs and preferences and that consumers feel supported and safe in care. The service demonstrated culturally safe care through a care planning that involves discussing the consumer’s cultural needs and preferences during assessments/reviews with both the consumer and their representative. All staff receive training in cultural safety and the use of interpreters is made available when providing information in the consumers preferred language.

Consumers and representatives interviewed are supported to communicate decisions which assist them to exercise choice, maintain connections and relationships of choice, including intimate relationships.

Management stated the active involvement and engagement of consumers or their representatives in the care planning and assessment process is fundamental and the connection of consumers to services, supports, and programs addresses social isolation. Most consumers and representatives agreed that they are encouraged to take risks and live their best life.

Consumers and representatives advised they were satisfied they receive current, accurate and timely information from the service, including a copy of their care plan. Consumers are provided with information, including consumers from a culturally and linguistically diverse background. Welcome packs are provided to consumers including specialised information for nursing, continence, physiotherapy, occupational therapy, dietetics, and podiatry services. Information resources on other health services are provided to consumers as appropriate. The service provides access to interpreter services as required. All consumers are provided with a home care package consumer directed care agreement. Signed agreements were sighted on consumer files reviewed.

To ensure consumers can understand their budget they complete consumer surveys. Staff stated that consumers who have communication difficulties are provided with assistance or aids needed to enhance communication.

All consumers and representatives agreed that the service keep personal information private and confidential. Privacy and confidentiality information is provided to consumers in the welcome pack and home care package consumer directed care agreement, and all consumers sign a consent to share information. Conversations about sensitive topics are held in private areas. Only approved people receive communication and computers are password protected. The service has a Privacy and Information Management policy.

# 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 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives overall were satisfied with assessment and care planning processes for home care packages. Management advised initial assessments are conducted in the consumer’s home, utilising information from My Aged Care (MAC) support plan and discussion with consumers and representatives. Care consultants are guided by the provider’s planning (referral, review and evaluation) policy and procedure. Home risk assessments and non-response to a scheduled visit are discussed and documented during the assessment process and ongoing thereafter.

Interviews with consumers, representatives and all consumer files reviewed identified consumers have had an assessment inclusive of the consumer’s risks documented in the consumer’s care plan.

Consumers and representatives interviewed were satisfied the care meets consumers needs and preferences. All care files reviewed included information about consumers current needs, diagnosis, mobility, interests, goals, preferences, and advance care planning. The welcome pack that is provided to all consumers and representatives includes a factsheet on advanced care planning and the assessment documentation includes a question about advanced care planning.

Consumers and representatives stated they are satisfied with the regular review of their care and services. Consumers care and services are reviewed on an annual basis, or if there are any changes to their circumstances, increase in package level, health deterioration, hospital discharge or a request from the consumer or their families for additional services. Annual reviews are monitored via a spreadsheet that is regularly reviewed by the senior care consultant. Observation of the annual review spreadsheet and discussion with the senior care consultant identified most consumer reviews are conducted in a timely manner. When a review has not been conducted there is an explanation documented. Care consultants seek feedback from support workers who provide regular care and services to consumers as part of the consumer review process.

# 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 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives commented positively on the personal and clinical care that is being provided, commenting variously that staff knew what care was to be delivered. Regular reports from subcontracted nursing services were evidenced in care documentation, file notes, home visit records and interviews with consumers and representatives showed effective health and personal care outcomes.

Consumers and representatives interviewed were satisfied with the way the service identifies risks and delivers care to manage those risks. High impact, high prevalence risks related to clinical care includes wound and pressure care, dementia, falls management and continence care. Staff discussed the organisations dignity of risk process that includes the completion of a dignity of risk form when risk has been identified and the consumer accepts the risk. Care documentation review identified risks for individual consumers are identified, assessed, and documented.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity preserved. Care consultants demonstrated links with palliative care services, and processes to support the consumer and their representatives when the consumer is nearing the end of life. Palliative care is discussed with consumers and their representatives according to their wishes and is followed up by a liaison with external palliative care services, medical practitioners, and allied health services to maximise consumers’ comfort. Staff are guided by the organisations complex health management quality policy statement (draft) that includes reference to palliative care, end of life care and monitoring and deterioration of health. Care documentation demonstrated the needs, goals and preferences of consumers nearing the end of life are known by the service, are documented and care is provided to address individual care and comfort needs.

Consumers and representatives interviewed are confident that the staff would know if their health or condition changed and would respond. Staff and support workers interviewed demonstrated knowledge of their responsibilities in reporting consumers deterioration and change in services required and how to report any incidents, changes to consumers health or deterioration in health conditions. Information about consumers health, changes to needs and conditions are documented in consumers’ care files and staff are notified via telephone of any urgent changes if required. Care documentation reflected the changes in consumers health and conditions.

Consumers and representatives interviewed expressed satisfaction that the consumers’ condition, needs, and preferences are communicated within the organisation and with others where care is shared. Support workers can access consumer’s care plans via email and if they require further information, they telephone the office. Care documentation identified that the service communicates with others, internally and externally, to ensure the provision of personal and clinical care. Consumers and representatives were aware that, when needed, other services would be involved in their service delivery.

Consumers and representatives interviewed were satisfied with the measures staff take to protect the consumer from infection. All consumers and representatives interviewed commented on support workers taking precautions and wearing personal protective equipment (PPE) such as face masks and gloves. Staff have participated in infection control training to minimise infection. Management confirmed vaccination requirements, infection control processes and guidance material along with COVID-19 safety plans. The service does not prescribe medications.

# Standard 4

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

Findings

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives interviewed said the service provided safe and effective supports to maintain their quality of life. The Assessment Team provided examples of tailored support for daily living.

Consumers and representatives interviewed expressed their satisfaction in different ways with supports for daily living. Support workers advised they assist and promote consumers well-being. Support workers recognise and support consumers when they are feeling low including asking about their needs, being familiar with consumers and their needs, encouraging them to talk or go for a walk and providing emotional support where needed. Care plans reviewed showed services delivered align with what is important to the consumers.

Consumers and representatives discussed the supports they receive to assist them in accessing the community. Management and staff interviewed said they support consumers to participate in things that are of interest to them. Support workers interviewed showed how they talk to consumers and are familiar with their interests and the things that they like to do.

Consumers and representatives confirmed information is communicated within the service around consumer preferences. Consumers and representatives interviewed said in different ways that support workers know the consumer’s daily living needs and how to provide individual support. Documentation reviewed identified information is shared. Care documentation and support worker rosters includes specific information about the type of service the consumer is receiving. Generally, there are clear care directives documented for support workers to follow when providing care and services.

Consumers and representatives discussed how the service assists with referrals to other organisations and there is a referral process for external services including referral to social support groups. Support workers said they provide respite services in the home and they are guided by information in the care plan, the consumer and/or representative. The care plan includes some information on the consumers interests, likes and preferences.

Consumers receiving home care packages are able to source prepared meals through a small selection of providers and they contribute towards the cost of the meal. The other preparation and delivery costs are paid through the package. Care and other related documentation showed individual dietary requirements including food allergies and sensitivities and preferences. Some consumers have food preparation as part of their home care package services.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 Assessed |
| 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 Assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Assessed |

Findings

This Standard was not assessed as part of the quality review, as consumers are not visiting the provider in their 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 4 of the 4 specific requirements have been assessed as Compliant.

All consumers and representatives said they are aware of the feedback processes available. Consumers and representatives understood how to provide feedback usually through their support worker or telephoning the provider. Several consumers and representatives had provided feedback regarding services.

Management advised that they have a complaint and compliment form that was also viewed by the Assessment Team. Consumer surveys are conducted monthly, and the surveys identify areas for improvement. The Assessment Team viewed the results of the survey. The organisation’s feedback and complaints policy and procedure include information on external complaint agencies, advocacy services and translation services to support consumers to raise feedback and complaints. Information on complaints, compliments and feedback is provided in the welcome pack and home care package and consumer directed care agreement.

Consumers and representatives reported feeling safe to raise concerns and having access to contacts for internal escalation, advocacy services and avenues for external complaints. The organisation’s feedback and complaints policy and procedure includes information on external complaint agencies, advocacy services and translation services to support consumers to raise feedback and complaints. Consumers and representatives demonstrated awareness of advocacy groups and the availability of language services and referenced information brochures, which are provided as part of the welcome pack when they are initially assessed by the service. Consumer welcome packs includes internal and external complaint contacts and information on advocacy and language services. Complaint’s procedures refer to external supports for consumers.

All consumers and representatives interviewed were satisfied that any concerns raised are actioned to their satisfaction. Management was able to provide an example of open disclosure.

Consumers and representatives interviewed in relation to their feedback, reported actions were taken to promptly resolve their complaints. They described the promptness of changes, being kept informed of the process and of the actions taken to address their concerns. Management and staff demonstrated an understanding of the open disclosure principles and described how they apply this to day-to-day operations and while addressing feedback. The feedback system shows complaints being recorded and trends identified.

All consumers and representatives interviewed were satisfied the service listens to their feedback and makes changes. The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services to consumers. Management identified, through the feedback register and annual surveys, that feedback trended around different support workers attending allocated shifts where consumers were wanting their regular support worker and issues about duties performed during domestic assistance noting that cleaning is a major one issue. As a result, the provider continues to recruit for support workers and cleaning staff and engage external cleaners to ensure service provision is acceptable.

The organisation demonstrated they regularly seek input and feedback from consumers via feedback forms and surveys, and how the findings from that feedback is used to improve services. Management confirmed feedback is reviewed to improve the quality of care and services.

# 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 5 of the 5 specific requirements have been assessed as Compliant.

Most consumers and representatives interviewed highlighted the workforce is planned and they generally have the same support workers providing their care and services. The rostering team meet regularly to discuss the requirements for staffing according to area, skill set, culture and language. This is directed by requests from staff and consumer enquiries. The Assessment Team viewed how staff are recruited according to peak times. If the provider is unable to fill a shift with internal support staff, the provider will utilise subcontracted service providers to replace support workers. Consumers and representatives interviewed highlighted they were happy with the support workers.

All consumers and representatives interviewed were satisfied staff are respectful, kind and caring. Staff have training in cultural awareness which supports the workforce to interact with consumers in a kind and caring manner. Management and staff spoke about consumers in a kind and caring manner and knew each consumer’s background and needs. Support workers said they are guided by what the consumer or their representative identifies is right for them and are aware of individual consumer’s conditions, needs and cultural preferences from information that is supplied to them via email. Staff interviewed treat each consumer as an individual, show respect, compassion, respect their values, beliefs, wants and are inclusive of religion or race.

All consumers and representatives expressed satisfaction that staff were competent in their roles. Staff qualifications are documented in the electronic consumer management system to enable rostering to roster qualified staff for services that require relevant qualifications such as personal care. Staff have position descriptions set out the expectations and scope of the role. The provider undertakes supervision sessions with support workers and relies on feedback from consumers. Checks on staff are conducted during the induction process including police check and first aid. The provider identifies the workers’ skills and experience, preferred times and then this is matched with a consumer. Care consultants check to see how the first shift went.

Subcontracted staff enter into an agreement with the provider and are required to provide evidence of successful probity checks, insurances, vaccination records and evidence of any qualifications prior to commencement of services. Subcontractors are managed and monitored via audits and feedback from consumers.

Management stated they follow the recruitment procedure and described the recruitment, onboarding, and induction process. The induction process includes incident reporting, the Aged Care Quality Standards, infection control, behaviour management and HCP specific information, like assessment and planning. The Assessment Team observed the service’s training records, which evidenced staff completing appropriate training, including but not limited to manual handling, open disclosure, privacy and confidentiality, palliative care, infection control, dementia, compression stockings and cultural diversity. Documentation reviewed confirmed staff have access to training that is ongoing. Training information is provided to staff via internal communication, emails, team meetings, newsletter, and an online communication platform.

Staff indicated they completed an annual performance review. Management stated that all new staff complete a six-month probation review and an annual review thereafter. The Assessment Team viewed staff member’s performance reviews, and all were within the last 12 months.

Management stated that performance reflection for some senior staff have not occurred as often as it should have been, primarily due to COVID-19. Support workers performance monitoring is complete and up to date. Audits inform performance concerns and performance management occurs. Support workers are monitored through feedback received from consumers.

# 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 5 of the 5 specific requirements have been assessed as Compliant.

Most consumers and representatives interviewed were aware they can provide input into how things run or feed into broader service improvements. Management engages consumers in a variety of ways. Consumers are informed of improvements made because of their concerns or incidents and they are asked for suggestions and feedback about improvements. Changes as a result of complaints and from feedback forms are posted to consumers. There is a process in place to establish a consumer engagement committee commencing in December 2023.

A consumer survey informs continual improvement. The organisation demonstrated it regularly seeks input and feedback from consumers via feedback forms and surveys and uses the findings from that feedback to improve services. The service provides newsletters to consumers and representatives requesting feedback in the delivery and evaluation of care.

Senior management satisfies itself that the Aged Care Quality Standards are being met using management reports inclusive of financial reporting, hours of delivered service and trends in complaints and feedback. The Board meets twice a year. The Assessment Team viewed minutes of their meeting dated 29 March 2023 that covered a compliance report detailing trends and actions for changed behaviours, falls, medication management, near misses and infection. The reports also detailed data and trends on complaints, compliments and continuous improvement. The clinical data the governing body receives enables it to monitor whether care and services are being delivered safely, effectively and in line with best practice. It does this through the complex health register which captures consumers who have complex health requirements. Feedback and reports are received to assist with oversight of clinical management. The complex health and clinical suite cover dementia behaviours, palliative care, wounds, and falls. Audits occur to ensure that consumers are receiving optimum care and services from subcontractors.

The Assessment Team observed copies of reports provided to the governing body. The report included appropriate details to enable the monitoring of safe and effective services, including but not limited to complaints and feedback data, month-on-month trending for infections and incidents, pressure injuries and falls data. Management monitors subcontracted services through service agreements, regular meetings with subcontractors and completed audits sighted by The Assessment Team.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial, governance, workforce governance, regulatory compliance, feedback, and complaints.

The organisation has a risk management framework that is overseen by the executive leadership team. The Assessment Team viewed the risk management policy that identifies risks, actions to take, review and evaluation of the effectiveness of actions taken. The service has a risk and business continuity plan, home risk assessment, continual improvement and management review meeting that covers risk and compliance. The risk management framework is in place and covers six major components.

The managing challenging behaviours and clients at risk policy procedure, the assessment and home risk assessment all inform how risks are captured and managed. Care consultants arrange care and services to accommodate risks and this information, including strategies are communicated to care staff. Incidents are logged and managed on the register. This is overseen by the Risk, Quality and Compliance Manager, who may seek further information or input, and then close it. Incidents are trended. Serious Incident Response Scheme (SIRS) matters are flagged directly to the Risk, Quality and Compliance Manager who reports as required. Care consultants are aware that when incidents recur, this is an opportunity to identify and manage a deterioration of health. Referrals to external services are completed in a timely manner. Vulnerable consumers are identified, including consumers who may be living with dementia or those who are at risk of falls. Changes to the condition of consumers are appropriately recognised and responded to in a timely manner. The support worker manual provides information on advocacy support available for abuse, neglect, and exploitation. Elder Abuse awareness is promoted to all staff.

New clinical governance is under development and forms part of the continuous improvement plan for completion in February 2024. The current infection control policy and procedure includes information about antimicrobial stewardship and there is a new restrictive practice management suite of documents and processes in place.

The provider has a master document register that covers infection control and COVID-19 response. Staff have access to personal protective equipment (PPE) such as face masks, gloves and aprons when providing care and services. The Assessment Team viewed the restrictive management quality policy that covered areas of consent, restraint, incident reporting and complex health register. In relation to use of open disclosure, a policy was viewed on site. Staff follow the complaints handling standard operating procedure when required and update the complaints register. Staff are trained in the practice of open disclosure to be open and have honest communication with consumers. Any complaints are discussed with the team leader and/or coordinators for support. Consumer notes are updated to reflect open disclosure and processes.

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)