**Performance**

**Report**

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| Name: | KA Aged Care |
| Commission ID: | 201318 |
| Address: | Strathfield Plaza, Suite 8, Level 3, 11 The Boulevarde, STRATHFIED, 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: 7257 Jessica Education Centre Pty Ltd  
Service: 26201 KA Aged Care

**This performance report**

This performance report for KA Aged Care (**the service**) has been prepared by J Renna, 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; the Quality Audit report was informed by a site assessment, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Quality Audit 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 | **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

Consumers and representatives said consumers feel respected and valued by staff, volunteers and management, with consumers’ cultural values understood and respected. Staff described what treating consumers with dignity and respect means, including understanding dementia is not to be discussed due to the consumers’ cultural and religious beliefs. Documentation showed the service has a strong understanding of providing respectful and inclusive care, including individualised care plans containing the consumer’s cultural identify, religion, languages spoken, country of birth and background, family history and special life events.

Consumers and representatives described how staff value the consumer’s culture, values and diversity. Staff described how they adapt the way care and services are offered to provide safe care for each consumer, in line with preferences of culturally diverse consumers. Management stated all service staff are trained to deliver culturally safe care and services.

Consumers and representatives said the service supports the consumers in making decisions about their services, including involving those they wish to be involved in their care and preferred ways of communication. Staff said consumers where choose to involve others, they are involved to the level requested by the consumer, and this is noted in the consumer’s care planning and assessment documents. Coordinators described how they support consumers in making decision about their care and services. Management described the importance of capturing everyone involved in decision making for consumers and advised consumers can request different care staff or coordinators as often as they choose. Documentation showed specific needs and goals, and their preferences with the involvement of family and friends in their care.

Consumers and representatives confirmed the service supports the consumers to live their best life, encourages consumers to stay independent and active and will refer consumers to other services to support them when needed. Coordinators and management described how consumers have the right to take risks safely and explained the support and assistance measures in place to ensure consumers are supported to take risks. Staff are provided training in understanding consumer choice, including their right to take risks. The service has a dignity of risk process including discussing potential and apparent risks, documenting all aspects of the risk and the discussions held, recording risks on the service’s consumer risk register and in the consumer’s care plan and ensuring staff have the skills and knowledge to balance the dignity of risks with the duty of care. Documentation showed the service has policies and procedures which describe how the service maximised independence and supports consumers to take risks.

Consumers and representatives confirmed consumers are provided with clear, easy to understand information that enables them to make choices. Management and staff described how they adapt their communication with consumers to help them understand concepts of which they may not be familiar, including for consumers who have difficulty communicating. Documentation evidenced the use of translated information provided to consumers.

Consumers and representatives said volunteers and staff respect the consumer’s privacy when delivering services and they are confident the consumer’s personal information is kept confidential. Staff described practical ways they protect consumer information and showed and understanding of the importance of protecting this information. The service obtains consent from the consumer and/or representative before sharing personal information with other services involved in the delivery of care and services. Documentation reviewed showed the service has a privacy policy which outlines the protocol to protect personal information. Respecting consumers’ privacy is incorporated into the staff handbook, and consumer welcome packs included the service’s code of conduct policy.

Based on this evidence, I find the provider, in relation to the 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 |
| 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

Consumers and representatives confirmed their care plans reflect the services they receive, including assessed risks. Most consumers and representatives recalled receiving a copy of the consumer’s care plan, service agreement and additional supporting documentation. One consumer did not recall receiving an updated copy of their care plan but, also said they are on strong pain medication and does not have good memory recall. Documentation showed a current plan in place for this consumer and management said they would provide an updated copy to the consumer. Staff demonstrated extensive knowledge of consumer care needs and potential risks associated with each consumer’s care, including regularly checking consumer weight to monitor the health and any potential changes. Clinical staff explained the process for conducting initial assessments, using assessment tools, to inform the service of relevant risks to the consumer’s safety, health and well-being. Documentation reviewed showed the service has a comprehensive set of policies and procedures governing all aspects of assessment and planning, including policies for the consideration of risk and the effect of risk on consumer well-being.

Consumers and representatives confirmed care plans accurately reflect the services consumers receive and include some information outlining advance care planning. During initial assessment meetings with consumers and/or their representatives, clinical staff assess, understand and record the consumer’s needs, goals and preferences, any risks and the consumer’s interests and routines. Staff provided evidence of assessment tools used by the clinical staff. Review of documentation showed consistent use of these tools, recording of each consumer’s needs, goals and preferences and advance care planning arrangements. The service has a comprehensive set of policies and procedures governing all aspects of assessment and planning, including advance care planning and end of life.

Consumers and representatives confirmed the consumer and/or their representative is involved in assessment and care planning processes and ongoing reviews of the consumer’s needs occur, indicating who the consumer wishes to be involved in these processes. Staff and management described the importance of involving consumer social systems, including their family, medical teams and other parts of the community to support individual consumer care and services. Documentation reviewed demonstrated ongoing consumer and representative involvement in assessment and care planning processes, and ongoing input by other external services including clinical and allied health professionals.

Consumers and representatives confirmed they have received an initial information folder containing the consumer’s care plan, service agreement and additional information from the service. Staff discussed how care plans are available on the mobile application and provide sufficient details about the care and services required for them to effectively deliver services, with alerts and notifications received through a specific communication platform. Care coordinators and management confirmed consumers are provided with a copy of their care plan once details are agreed by the consumer and/or representative, along with a signed copy of the service agreement. Copies of the care plans are provided to the consumer’s representative and/or persons or organisations involved, with consent from the consumer and/or representative. Management explained how care plans are developed in consultation with consumers and representatives, based on each consumer’s goals, needs and preferences.

Consumers and representatives confirmed care and services are reviewed on a half yearly basis for HCP Level 3 and 4 consumers and on an annual basis for HCP Level 1 and 2 consumers. However, the service demonstrated frequent contact between the consumer, representative, internal service staff, sub-contractors as well as external providers such as medical and allied health teams. Consumers and representatives said they speak with the service regularly and felt the consumer could change their support and services quickly if their needs changed. Staff described the service review process, including reviewing consumer information at the beginning of each service visit to ensure any changes for consumer needs are addressed. Documentation showed the service monitors regular reviews and follow up for consumers. The service demonstrated frequent discussions with consumers to ensure their priority services, needs and goals are met.

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

Findings

Consumers and representatives explained how the service takes time to assess and understand the consumer’s care needs and care staff consider individual preference when providing direct care. The clinical and care manager explained how the service conducts clinical assessments as well as uses additional assessment tools including falls and home risk assessments. Once complete options are discussed with the consumer and/or their representative when clinical and/or personal care is recommended. Consumers are referred to appropriate brokered services where required. Each brokered service conducts a separate assessment tailored specifically to the consumer’s needs. The service demonstrated consumers generally receive safe and effective personal care tailored to their needs which optimises the consumer’s health and well-being and is tailored to their needs.

The service has risk management systems in place to monitor, identify and manage risks relating to the car of consumers, with plans in place to improve systems. The service demonstrated, and staff explained, how high-impact and high-prevalence risks are identified during the initial and ongoing care planning process. Consumers with high-impact or high-prevalence risks identified are recorded on an electronic information management system and reviewed regularly, with appropriate actions taken to reduce consumer risk and adjust service delivery based on consumer needs. Coordination and care staff said the consumers’ care plans and profiles identify risks, with consumer strategies outlined and used when completing a service. Documentation reviewed showed plans outlining strategies to address individual consumer risk. Documentation and progress notes demonstrated care staff and care coordinators detect complexity, vulnerabilities and personal care needs for consumers. The service has a complaints register and organisational governing policies as well as validated assessment tools which are used to identify and manage risks.

Consumers and representatives confirmed the service takes the consumer’s preferences into account when provide care, including any goals and preferences. The service demonstrated evidence of consumers being assisted with advance care planning. The clinical and care manager described the importance of involving the consumer’s family and relevant healthcare professionals, including the palliative/advance care team and pain management teams to ensure comfort is maximised for consumers. The service has a set of policies and procedures governing all aspects of assessment and planning, along with additional support processes and documentation, including the ‘end of life care’ policy and process. Documentation reviewed showed evidence of advance care planning and end of life information on consumer files.

Consumers and representatives expressed confidence that staff would identify deterioration or changes to the consumer’s condition. Care staff described how they recognise and respond to consumer deterioration. Staff and management stated they use and receive real-time updated information through the mobile application and an electronic communication platform. Care staff explained how they regularly check consumer weights and record results to monitor the health and any potential changes occurring for each consumer. Documentation evidenced changes to, and monitoring of, consumer condition is recorded in consumer files.

Consumers and representatives confirmed they are satisfied information about the consumer’s care and services is shared within the service and with others involved in the consumer’s care and staff have knowledge of the care and services required. Care staff said they are satisfied with the information they receive about consumers as it helps them identify any consumers who may need additional support. Care staff said they are provided with updated information about consumers as care needs change and report consumer changes to coordinators. Staff and management discussed how changes in consumers’ conditions, needs and preferences are communicated through care plans, alerts on the consumer’s electronic file, verbally and through the electronic communication system, with the communication method dependent on the level of risk or urgency. Documentation reviewed showed evidence of communication between the service and sub-contractors, as well as communication and alerts shared within the service.

Consumers and representatives confirmed they are satisfied with referral processes and consumers were assisted to access external services as needed promptly. Brokered staff explain how they receive referrals and undertake assessments and provide reports and recommendations to the service to coordinate and build an appropriate plan to align with the consumer’s needs, requirements and financial budget. Documentation reviewed showed evidence of referrals to brokered services, external organisations and other providers of care and services, with services tailored to the consumer’s needs.

Consumers and representatives expressed satisfaction with staff precaution measures to prevent and control infection when providing a service and entering and exiting homes, including hand hygiene processes and the use of personal protective equipment were appropriate. Staff and management confirmed staff adhere to hygiene and practices to reduce infection-based risk. Documentation reviewed showed the service has a clinical governance framework that provides a policy governing clinical and personal care delivery, including policies to minimise infection risk.

Based on this evidence, I find the provider, in relation to the 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 |
| 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. | Not applicable |

Findings

Consumers and representatives provided examples of how the services and supports the consumers receive help the consumers to maintain their independence and how consumers are supported to do things they want do, maintain their independence and optimise the consumer’s health, well-being and quality of life. Staff demonstrated they understand what is important to consumers and how the services delivered support the consumers to maintain their independence. Clinical and care manager described how they gather information on consumers’ life stories and social needs on entry to the service, to ensure continuity of any relationships and aid in communication. Documentation reviewed demonstrated care plans are consumer-centred and include individual interests, needs and preferences, and personal goals, including the consumer’s routine or potential difficulties they may face.

Consumers and representatives confirmed the consumers enjoy the services they receive and feel comfortable, happy and safe with their care staff. Consumers and representatives said the consumers have developed ongoing relationships with their regular care staff which helps improve the consumer’s overall health and well-being. Staff and management demonstrated thorough knowledge of individual consumer’s needs, personalities and interests and gave examples of how they meet the emotional, spiritual and psychological needs of individual consumers. Documentation demonstrated emotional, spiritual or psychological needs for consumers are assessed with identified needs included in care plans and reviewed on an ongoing basis.

Consumers and representatives stated the service enables the consumer to participate in the community, maintain relationships and do things that interest the consumer. Care staff described relationships important to consumers, such as family and friends, and social activities the consumers enjoy. Staff and management explained how they organise and coordinate consumer social outings to help consumers to maintain connections within their community. Documentation confirmed consumers are supported to maintain community participation, including access to transport and information to access community social groups.

Consumers and representatives confirmed they are satisfied information about the consumer’s care and services is shared within the service and with other involved in the consumer’s care. Staff said they are satisfied with the information they receive about consumers, as it helps them identify consumers who may need additional support. Care coordination staff stated they communicate with family and other representatives as required and provide information or make referrals for additional services. Staff and management described how changes in consumer condition, needs and preferences are communicated through care plan alerts, verbally or through the electronic communication system with the communication method dependent on level of risk or urgency. Documentation evidenced communication between the service and sub-contractors, and alerts, care plans and rostering schedules shared through a mobile application.

Care workers said they liaise with care coordinators if they identify a consumer needs additional services or assistance. Staff provided numerous examples of referring consumers to community services and social groups and external community social support groups. Care coordinators confirmed they involve other organisations (with consent from the consumer) to provide support and care to meet the consumer’s needs or liaise with the consumer’s family to assist in organising appointments or support with the consumer’s established community groups and interests. Management stated sub-contractor agreements with external providers are in place and the service provides transport to nominated community groups. Documentation confirmed service referral forms are used when referring consumers to external services.

Consumers receiving assistance with meals and meal preparation stated they are happy with the meal service. Staff demonstrated knowledge of infection control and hand hygiene practices, including monitoring for expired or outdated food products in the consumer’s refrigerator. Staff described how they know if the consumers are satisfied with quality and quantity of the meals prepared. The clinical and care manager explained the service provided nutritious meals which support consumers to maintain their cultural connection and identity. A documentation review showed evidence of nutrition and dietary information in care planning documents and assessments, indicating consumer preferences and dietary requirements.

As the service does not provide equipment, Requirement (3)(g) was not assessed.

Based on this evidence, I find the provider, in relation to the service, compliant with all assessed Requirements in Standard 4 Services and supports for daily living.

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

Findings

This Standard was not assessed as the organisation does not provide a physical 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

Consumers and representatives stated the consumers do not have any concerns and the consumers are satisfied with the services provided. Consumers and representatives said they would be comfortable raising issues if they arose as all staff at the service are very approachable. Staff confirmed consumers and their families are encouraged to provide feedback about the consumer’s care and services through various mechanisms. Management and coordinators stated all consumers and/or representatives receive information that explains the feedback and complaints process and includes the Charter of Aged Care Rights, outlining a consumer’s right to complain. Documentation reviewed showed evidence of consumers being provided with information about complaint and feedback processes. The complaints management system showed the service records and documents feedback and complaints from consumers and representatives. The service demonstrated it supports and encourages complaints and feedback and consumers know the processes. The service has a complaints policy to guide staff and third-party providers in complaints and feedback mechanisms at the service.

Staff discussed how consumers can be supported to understand the role of advocates. Management described the processes to ensure consumers have access to advocates and language services if required, and that consumers are made aware of other methods for raising and resolving complaints. On entry to the service, consumers are provided with a consumer handbook which outlines internal and external feedback and advocacy services, with all information provided in English and translated into Korean (the language used by most consumers of the service).

Consumers and representatives said they did not need to raise issues but, felt staff would take any concerns seriously and address complaints. Staff demonstrated awareness of open disclosure and advised they would apologise to consumers who were not happy with anything regarding their services. Staff said they ensure any issues are addressed promptly and keep consumers informed about actions or outcomes of their feedback. The service demonstrated appropriate action in response to complaints and an open disclosure process is used when things go wrong.

Management stated all complaints and feedback are registered. Any trends identified are considered with feedback received through consumer surveys, verbal interviews, information from incidents and hazards reports, and suggestions from staff. Management provided examples of feedback received which led to service improvements. Policies about feedback and continuous improvement guide staff practice. Complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements. Documentation reviewed evidenced policies and procedures describing how feedback and complaints contribute to continuous quality improvements. This was also reflected on the service’s plan for continuous improvement.

Based on this evidence, I find the provider, in relation to the service, compliant with all assessed Requirements in Standard 6 Feedback and complaints.

# 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

As demonstrated through the Assessment Team’s report, consumers are satisfied their care and services needs are met, indicating the number of staff is sufficient. Management stated each consumer has a set staffing establishment and profile with rosters and workforce management planned to meet each consumer’s required care and service delivery management needs. The service uses a skills matrix to ensure appropriate skill mix for delivering quality care and services. The service demonstrated an effective human resources management system to support consumer care and services.

Consumers and representatives provided positive feedback in relation to staff interactions with consumers, describing in various ways how staff are kind, caring and respectful. Staff and management said they listen to consumers and respect their privacy, cultural values and decisions and take direction from the consumer. Documentation reviewed evidenced policies and procedures describing the staff code of conduct and a policy for inclusion and diversity, with a training register which shows mandatory training for staff on the code of conduct, inclusion, diversity in the organisation and identifying neglect and elder abuse.

Management described how the service ensures staff have appropriate qualifications, including registrations and credentials, as part of workforce planning, competency framework and monitoring process. The service ensures sub-contracted staff have the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers. Documentation reviewed showed personnel records include role descriptions, evidence of qualifications, police checks, on the job training evidence and induction documentation.

Staff confirmed they received training in incident management and serious incident requirements, as well as initial and ongoing face-to-face training and online training. The service has policies and procedures to guide staff in recruitment and induction. Staff training records showed the incident management policy was reviewed and updated to include a decision point for serious incident reporting.

Consumers and representatives said they are frequently asked to provide feedback about the consumer’s services and if there any issues with staff or how the services are provided. All consumers and representatives interviewed said they are satisfied with the services and the coordinators. Staff confirmed there is an appraisal system in place, with opportunities for training or development needs accommodated when requested. Management described the processes for monitoring and reviewing staff performance with appraisals conducted annually, with no current performance issues identified. Management described how the service uses feedback from consumers and or representatives and performance reviews to identify staff training needs. Personnel files reviewed showed evidence of performance appraisals occurring on a minimum annual basis, with staff requests and suggested training documented.

Based on this evidence, I find the provider, in relation to the service, compliant with all assessed Requirements in Standard 7 Human resources.

# 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

Feedback from consumers and representatives is obtained through feedback surveys, consumer focus groups, and feedback and complaints processes. Feedback from staff and management is also captured and tracked. The organisation’s practice framework shows the service is committed to collecting, collating and analysing data that drives continuous improvement in service delivery and the development of new services.

The organisation’s founders/managing directors (governing body) are involved at an operational level and are available daily for consumers, management and all staff. Evidence sighted showed the governing body is committed to leading and promoting an inclusive culture of safe and quality care services. The governing body considers reports and input from staff about consumer complaints and feedback, workforce assessments including training records and consumer ratios, and risk and incident reports including clinical data. Evidence sighted showed the organisation has a suite of validated assessment tools the service uses to ensure care that optimises each consumer’s health and well-being.

Interviews with consumer and staff, and 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.

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 effective practices to manage and prevent incidents, including the use of an incident management system.

The organisation’s clinical governance framework outlines staff, management and managing directors’ roles and responsibilities. The framework outlines the managing directors are ultimately responsible for ensuring the service is run well and delivers safe, high-quality care. The framework includes the service’s strategy to minimise the use of antimicrobials to improve consumer outcomes, reduce microbial resistance and decrease the spread of infections. There is a restrictive practices policy describing staff responsibilities and accountabilities regarding the use of restrictive practices. Staff demonstrated what open disclosure means and the process they would take if something went wrong.

Based on this evidence, I find the provider, in relation to the service, compliant with all assessed 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)