**Performance**

**Report**

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| Name of service: | Life Without Barriers - Darwin |
| Service address: | Level 1, 60 Winnellie Road Winnellie NT 0820 |
| Commission ID: | 600466 |
| Home Service Provider: | Life Without Barriers |
| Activity type: | Quality Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 2 November 2022 |

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

**This performance report**

This performance report for Life Without Barriers - Darwin (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Life Without Barriers Home Care Packages Program - Darwin, 26349, Level 1, 60 Winnellie Road, Winnellie NT 0820

**CHSP:**

* CHSP - Specialised Support Services, 4-7Z5VWY1, Level 1, 60 Winnellie Road, Winnellie NT 0820
* CHSP - Domestic Assistance, 4-1O6LZ0H, Level 1, 60 Winnellie Road, Winnellie NT 0820
* CHSP - Personal Care, 4-7Z5EHBH, Level 1, 60 Winnellie Road, Winnellie NT 0820
* CHSP - Social Support - Group, 4-7Z5EH2W, Level 1, 60 Winnellie Road, Winnellie NT 0820
* CHSP - Social Support - Individual, 4-7Z5VWSF, Level 1, 60 Winnellie Road, Winnellie NT 0820
* CHSP - Transport, 4-7Z5EH5P, Level 1, 60 Winnellie Road, Winnellie NT 0820

# Material relied on

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

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

# 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 as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers interviewed said they felt respected and valued by program coordinators, support workers, brokered staff, and management. They described how their interactions with the service were respectful and how they felt their cultural backgrounds were understood and respected. Management and staff interviewed outlined how the service guides and monitors their daily work practices, collaborating with brokered service providers and implements policies and procedures, induction and training to provide a safe environment that treats consumers with dignity and respect that supports clients to exercise their legal and human rights.

All staff interviewed described ways they interact with consumers sensitively and how they understood the consumers cultural backgrounds. Management evidenced training records and service agreements for brokered services regarding staff training for inclusivity, cultural diversity, delivery of culturally safe care.

Consumers interviewed said the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. They outlined how staff assist them to understand the range of supports and services available and make choices about these.

Staff interviewed discussed how the service identifies any potential individual risks to consumers and discusses with them how to minimise harm. They described the importance of supporting consumers in their choices and described how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported. Management interviewed discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of consumers’ right to take risks. Individual plans sighted by the Assessment Team support consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks in life.

Consumers interviewed confirmed they are provided information that is clear and easy to understand and enables them to make choices about the care and services delivered to them. Staff interviewed described how they adapt their form of communication with consumers, to help them understand concepts they may not be familiar with. For example, using plain English or interpreters when required.

Consumers interviewed said staff respect the consumer’s privacy when delivering services and they are confident their personal information is kept confidential. The service demonstrated where consumer information is shared with other services involved in the delivery of care and services, the organisation obtains consent from the consumer. The service evidenced their Privacy Policy which outlines the protocol to protect personal information and how information is to be used.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated consumers are treated with dignity and afford choice in the care and services delivered.

# Standard 2

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

Findings

The Assessment Team reviewed 10% of care documentation and noted assessment and planning included risk assessments and strategies to manage risk. For example:

* A consumer assessed as not mobile, had a non-healing wound and was resistant to out of home care. Recent assessment documentation included strategies to increase the consumers mobility and maintain wound care. The outcome of the re-assessment was to purchase equipment to support the consumer with mobility and ensure two support workers were assigned to assist with personal care.

The review of care documentation demonstrated assessment and planning included risk assessments. The Assessment Team sighted the service’s planning and assessment tool which includes a prompt to discuss advanced care planning. For example:

* one consumer stated their beliefs are important to them and clearly stated their wish to die at home with no consent to palliative care.

For the consumers sampled, care planning documents reflect that others are involved in assessment and planning when consented to. For example:

* Care documentation for a consumer lists their partner as a primary contact and includes information about their local hospital and medical officer.
* Care documentation for another consumer list the public guardian and trustee as their primary contact.

The service demonstrated outcomes of assessment and planning are documented in care plans on the service’s electronic management system however, not all consumers were sure if they had a care plan. Support workers interviewed said they have access to the information required to deliver care and services at the point of service delivery via tasks listed on their roster. For example:

* A support worker interviewed said they can view the online roster on their mobile device and lists “what is required’ and “if there are any changes the roster will say”.

The service demonstrated it conducts regular review of consumer’s care and services, including when circumstances change or when incidents impact on the needs, goals or preference of the consumer. For example:

* A care plan review for a consumer was completed following a home invasion and robberies. One of the outcomes of the recent review included the installation of a lock box and a personal alarm.

The Assessment Team sighted the services fortnightly overdue care plan report showing 100% completion rate for Katherine and 83% completion rate for Darwin care plans. Management interviewed said updates on overdue plans are provided to the fortnightly compliance meetings. For example, when a consumer is on extended stay with family or are in hospital.

Based on the information provided in the Assessment Report, on balance I find this Standard to be Compliant as the service has demonstrated ongoing assessment and planning occurs in consultation with consumers and contains an appropriate level of detail indicating individual care requirements.

# Standard 3

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

Findings

Most consumers and their representatives interviewed considered they receive personal care that is safe and right for them. The Assessment Team noted the shift note template accessed via a mobile application includes prompts for support workers to provide detailed information where changes to personal care, nutrition/hydration, skin integrity, weight changes, continence concerns and participation in conversation, emotional and psychological are identified.

The Assessment team sighted the services high risk and vulnerability register which includes indicators in clinical risk, medication assistance, oxygen, insulin dependency, cognitive impairment, behaviours of concern, pressure injury concerns and falls risk assessments. Care documentation reviewed by the Assessment Team listed strategies to mitigate identified risks to the consumer’s health and wellbeing. For example:

* A consumer was assessed as at risk of financial abuse and a falls risk. Strategies in place noted in the care plan include engagement of the Public Guardian and Trustee and an occupational assessment to assess mobility equipment requirements.
* A consumer with a diagnosis of dementia is noted to wander during social outings. Strategies to guide support workers include watching the consumer during outings and to continue to engage.

The service demonstrated prompting for end of life directive discussions as part of the assessment and planning process however, a staff member interviewed described how it would not be culturally safe to intervene with advance care planning discussions as this is “family business.” Most consumers interviewed stated they were not ready to discuss advanced care or said they would prefer to speak with their family.

All staff interviewed demonstrated an understanding of how to recognise, report and respond to changes in the health and well-being of a consumer. The service demonstrated changes in consumer condition is routinely identified by support workers, brokers and coordinators through routine service and supports via observation and shift reporting, connections with family and local medical services. The service evidenced introduction of a dedicated Program and Practice Specialist to routinely review incidents, to support teams in improving the identification of consumers changed needs, including clinical needs. The Assessment team sighted 100% completion rates for ‘Recognising Changes in Client Needs’ for regional staff.

The service demonstrated information about consumers’ care is documented and communicated within the organisation and with others where responsibility of care is shared. For example, the Assessment team sighted:

* Care plans listing consumer needs, goals and preferences
* Hospital discharge letters, clinical and allied health reports on sampled consumer care plans.

The service demonstrated timely and appropriate referrals made to other individuals or organisations providing services. Management interviewed advised if the service could not provide suitable support to meet consumer’s personal care needs, consumers are supported to access brokered support services through another provider such as allied health professionals. For example:

* Following the shift note that stated a consumers’ feet were more swollen than normal’, a message was sent to the nursing service who was attending on that day.

All staff interviewed advised they wear masks and gloves during service delivery and consumers confirmed this does happen. The Assessment Team sighted the service’s vaccination records showing 100% of regional staff are vaccinated.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated the provision of clinical and personal care services to consumers is considered and meets the needs of consumers.

# Standard 4

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

Findings

A case manager interviewed described how they conduct face to face visits to review assessment and care planning and this informs if current social supports are meeting consumers’ current needs, goals and preferences. For example:

* a support worker who provides meal preparation for a consumer said they ask the consumer what foods they would like and encourage a variety of foods.

All staff interviewed described how they provide emotional support by listening to consumers and sometimes just ‘having a yarn’. Consumers interviewed said the service allows them to do things that bring back memories. For example:

* A consumer interviewed said one support worker, ‘if time permits, takes me to watch the ocean and we sit by the sea. I am happy to do this, it makes me happy’.

Management interviewed acknowledged the impact the past two years has had on its consumers identifying social and community isolation for some. They described ways they are trying to re-engage consumers with social support activities. For example:

* Social support group activities outside of the organisations service environment have been implemented. The social support officer interviewed said they ask consumers what activities they would like to do, where to go and what they like to eat so they can select venues and activities of interest.

The service evidenced use of an electronic Management System for all consumer information. This system contains all information related to consumers and their interactions with the service. Consumers and representatives interviewed said consumers are informed about consenting to information being shared with others about them. Documentation on care plans reviewed demonstrated evidence of communication with the consumer and representatives when other providers are involved in care and services.

The service demonstrated timely referrals to other organisations and providers of services are provided. Consumers and representatives sampled were aware they can access additional home supports from other organisations. Management interviewed indicated they maintain contact details for organisations that may be useful for consumers and provided several examples of referrals to the Darwin community legal service for advocacy and legal advice for consumers. Other examples of support referrals include the My Aged Care portal and Aboriginal and Torres Strait Islander specialist services.

While meals are not provided directly by the service, one consumer purchases meals with his HCP funding through a brokered provider and is able to provide his preferences and is satisfied with the variety offered. The service provides meal preparation assistance to some consumers and staff indicated they are guided by the consumer as to what to prepare each day.

Where equipment has been provided for consumers to use in their home, it is assessed for suitability and safety by an appropriate allied health professional. The Assessment team observed equipment is identified in the consumer care plan and also identified in the home safety assessment on review. At the time of the quality audit there were no consumers using hoists however support workers described how they receive training if specialised equipment is used for care and services. Consumers interviewed said they are satisfied with the transport service and report it has made a positive difference to their quality of life because otherwise they would have to walk in the heat and wet. The workforce described how consumer outings are planned and support workers assist consumers to get in and out of the vehicles and with seat belts to maintain their safety.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated processes in place to ensure the supports and services provided for daily living are appropriate to the needs of consumers.

# Standard 5

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

Findings

# No services are provided in the organisations service environment therefore Standard five is assessed as not applicable.

# Standard 6

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

Findings

Consumers interviewed advised they do not have any concerns as they are satisfied with the services and, when they do raise anything, it was addressed quickly by the coordinator or management staff. They said the staff always check with them if they are satisfied with the service and they would be comfortable raising issues if they arose as all staff at the service were very approachable.

Management and program coordinators interviewed advised all consumers are provided with detailed information about how to make a complaint and relevant advocacy agencies that can assist them to make a complaint, how to escalate a complaint to external agencies including the Aged Care Quality & Safety Commission. The Assessment team sighted information that showed all consumers are provided with a ‘Client Information Pack’ during the intake process. Guidance on providing feedback or making a complaint about care and services, is referenced in either the ‘Client Handbook – HCP’ or the ‘Client Handbook for General Aged Care’.

Consumers said they received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly, as they are all approachable. Information contained within the ‘Client Handbook – HCP’ or the ‘Client Handbook for General Aged Care’ includes:

* Advocacy services: How to access support from external advocacy services (e.g., OPAN, Elder Rights).
* Charter of Aged Care Rights: How to access Charter in various languages
* Access to Interpreting Services (if required)
* How to escalate a complaint to external agencies (e.g., Aged Care Quality & Safety Commission)
* Older Persons Advocacy Network (OPAN) Information brochure
* Advocacy Services Fact Sheet for appropriate jurisdiction
* Advocacy Fact Sheet and Nomination Form
* Charter of Aged Care Rights Template for Signing (English). If appropriate copies are also provided in languages other than English.

Staff interviewed demonstrated awareness of open disclosure and advised they would always apologise to consumers that were not happy with anything regarding their services. They ensure any issues are addressed promptly and make sure to keep consumers informed regarding any actions or outcomes of their feedback. The service documents all complaints and feedback in the organisations online system with the outcome noted and sighted by the Assessment team.

Management interviewed advised consumers recently participated in a 2022 Client Satisfaction Survey. The service is currently in the early stages of introducing a national consumer advisory group. The advisory group will be able to voice their recommendations and suggestions to changes of policy and procedures, client demographics, ICT systems, client portals and more.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated the effective management of feedback and complaints.

# Standard 7

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

Findings

Management interviewed advised consumers provided feedback regarding inconsistent staffing and irregularities in service provision however, confirmed there is a set staffing establishment and staffing profile for each consumer. The service recently introduced a Roster Coordinator who manages workflow to ensure service delivery is planned to meet each consumer required care and needs. The service aims for a diverse staffing mix of differing cultural backgrounds and genders to deliver safe and quality care services. The Assessment Team sighted evidence of the services subcontracting signed service agreements which showed the service monitors brokered services to ensure high quality service delivery.

Consumers interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff are kind, caring, respectful and helpful. The service evidenced staff training information relates to professional courtesy and a respectful approach to service delivery. Position descriptions and organisational policies and procedures reviewed such as social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way.

All staff interviewed confirmed they receive training and information on forms to use when issues arise, such as client issues and incident reporting. Staff said they have access to all policies and procedures via the services internet electronic system. The Assessment Team sighted the electronic system which showed information to be accessible and current.

The Assessment Team sighted evidence in staff files which showed induction documents, position descriptions, orientation training and ongoing training relevant to their role is provided to staff. Management interviewed advised they have recruitment and onboarding processes to ensure staff have the appropriate skills to deliver services as per the aged care standards. Information is provided to staff on the aged care standards and all receive a formal orientation to the organisation.

Consumers interviewed said they are frequently asked to provide feedback about their services and any issues with staff or the way services are provided. All consumers advised they are satisfied with the services and their coordinators overseeing services. Management described how the organisation uses feedback from consumers and performance reviews to identify staff training needs, and improvement plans could be raised for the staff member if needed.

Staff confirmed there is performance supervision framework procedure in place.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated effective human resource management processes and procedures in place to ensure staff are appropriately trained to deliver services and supports.

# Standard 8

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

Findings

Consumers interviewed said they felt they can provide ongoing input into how care and services are delivered, and that staff keep them updated with any servicer improvements.

Review of the service’s continuous improvement plan and complaints/feedback register showed input from management, subcontracting staff and consumers is captured and tracked through to implementation.

Board meeting minutes sighted by the Assessment Team evidenced reporting to promote a culture of safe, inclusive and quality care and services, to include the following discussion points:

* Staff demographic data workforce - professional development
* Client demographic - number in each region program overview
* Client wellbeing - Core document data
* Client safety - Client events
* Complaint and compliment events
* Incidents

**Information Management**

Staff and management interviewed advised they can readily access information when needed. Meeting minutes for various staff meetings sighted by the Assessment Team evidenced staff are kept informed of changes.

**Continuous Improvement**

The service evidenced strategic planning and annual business plans and continuous improvement processes in place, and these are adopted and implemented through each operational area. Opportunities for continuous improvement at an operational level are identified through a range of mechanism such as consumer complaints, feedback, surveys and also informal feedback received. Staff are also able to provide verbal feedback at any time.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. A finance committee is established to undertake financial management and financial reports are tabled at each Board meeting.

**Workforce Governance**

The service demonstrated effective policies, processes and procedures are in place to ensure staff are supported to provide the required level of care.

**Regulatory Compliance**

Management interviewed stated the service receives regular updates from government bodies on regulatory information, which is monitored by the executive team and information is fed down to relevant management staff who disseminate the information to staff through emails and/or regular meeting mechanisms.

**Feedback and Complaints**

The Assessment Team noted processes are in place to address feedback and complaints with relevant mechanisms in place to support all stakeholders. The service demonstrated feedback and complaints are incorporated into the continuous improvement plan and progressed to implementation where appropriate.

Staff interviewed described how they report any concerns regarding consumers. For example:

* Deterioration that may include some high impact and high prevalent risks. Examples provided were where a consumer’s mobility may have changed or there may be concerns about their general health and wellbeing or changes in their cognitive function. Staff interviewed described what actions are taken should they suspect abuse or neglect of a consumer and confirmed they had been provided with process information which clearly described the required actions.

The service evidenced standard precautions that are a set of guidelines and procedures that ensure a basic level of infection control. To ensure a safe work environment and minimise the transmission of infection, all staff must adopt these standard precautions whilst practicing care provision/services for clients.

The service is currently finalising a National Practice Governance Framework and an underpinning Aged Care Clinical Governance Framework with associated, policies, procedures and supporting documents to strengthen the clinical governance of Aged Care service delivery by the service. Management advised this work will enhance the current processes and procedures in place supporting the delivery of clinical services to consumers.

The service stated the Executive and Board have approved the progressive implementation of ‘Active Apology’ that details a staged approach to addressing incidents or concerns raised and includes the principles of open disclosure.

Based on the information provided in the Assessment Report, I find this Standard to be Compliant as the service has demonstrated effective organisational governance across the identified areas.

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)