**Performance**

**Report**

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| Name of service: | Life Without Barriers (Victoria) |
| Service address: | Level 2, 1-7 Langhorne Street DANDENONG VIC 3175 |
| Commission ID: | 300221 |
| Home Service Provider: | Life Without Barriers |
| Activity type: | Quality Audit |
| Activity date: | 5 September 2023 to 7 September 2023 |
| Performance report date: | 3 November 2023 |

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 (Victoria) (**the service**) has been prepared by Gill Jones, 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:**

* New Service - 2012 - Life Without Barriers (Victoria), 19405, Level 2, 1-7 Langhorne Street, DANDENONG VIC 3175

**CHSP:**

* Community and Home Support, 24715, Level 2, 1-7 Langhorne Street, DANDENONG VIC 3175

# 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** |
| **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 | **Not applicable** |
| **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 | 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

The service ensures each consumer is treated with dignity and respect through recognising their identity, culture and diversity. Consumers/ representatives reported in various ways they are shown respect and treated as individuals. Staff interviewed described how they treat consumers with dignity and respect. Management discussed the organisation’s system for promoting consumer dignity and respect through a person-centred practice model approach and staff trainings. An organisational code of conduct supports consumer dignity and respect.

The service demonstrated that care and services are culturally safe. All consumers/ representatives interviewed advised how they feel culturally safe when dealing with the service and said the staff encourages them to discuss their preferences in service delivery, including background and culture. All staff interviewed stated that they have completed the mandatory cultural awareness training. Management provided evidence of the focus on cultural diversity and inclusiveness in the services delivered to their consumers. Care documentation reflects information on consumer backgrounds, family connections, languages and any other cultural needs and preferences.

The service demonstrates that each consumer is supported to exercise choice and independence, to make and communicate decisions about their care and services when others are involved in their care and maintain relationships of choice and connections. Consumers/ representatives interviewed stated it was easy for them to maintain their independence and exercise choice. Staff discussed how initial assessment and reassessment processes are used to record consumer choices and what is important to them. Staff also described how they include carers and representatives, when required. Documentation reviewed identified consumer choices and decisions about the care and services they receive.

The service demonstrated how consumers are supported to take risks to enable them to live the best life they can and be as independent as possible. Consumers/ representatives said staff listen to consumers, understands what is important to them and respect the choices they make. Staff described support and assistance measures to ensure consumers are as safe as possible and are supported to take risks. Care documentation showed how the service supports consumers choices in taking risks.

The service demonstrated that the information provided to each consumer is communicated clearly, timely, easy to understand, and assists them to make decisions related to the care and services they receive. Consumers/ representatives interviewed expressed satisfaction with the clarity and suitability of information to assist their choices and decisions related to CHSP and HCP care and services. The Assessment Team viewed monthly statements provided to consumers, which were clear and easy to understand.

The service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. All consumers/ representatives interviewed were satisfied consumer privacy and confidentiality is respected. Staff and management confirmed that all consumers documentation is kept securely and is password protected with level of access provided according to each role.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the six Requirements in Standard 1 compliant.

# 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 service demonstrated assessment and planning considers risk to consumer’s health, well-being and informs the delivery of safe and effective care and services. Consumers/representatives advised they were satisfied with the assessment process and that staff and support workers understand their needs. Staff described strategies they use to support consumers in relation to their care planning and risks management. Care documentation identified goals relating to mobility and independence within the home, evidenced falls risk assessments and home safety assessments.

The service demonstrated assessment and planning identifies and addresses consumer’s current needs, goals and preferences including advance care planning/end of life planning. Consumers/ representatives indicated in various ways that consumer care has been planned around what is important to them. Staff interviewed described what is important to each consumer and demonstrated that they assess consumer needs, goals and preferences, including the preferred gender of the care worker, preferred days and times of care. Consumers/ representatives were able to recall discussions about receiving information on advance care planning. Care documentation, including assessment and planning, evidenced consumer wishes in relation to advance care planning and their arrangements.

The service demonstrated the assessment is undertaken along with planning in partnership with the consumer and those they wish to involve in their care. HCP and CHSP consumers/representatives expressed their general satisfaction with how the service involves them in the assessment and care planning process. Consumers /representatives reported having regular contact with the service through phone calls and in-home visits. Staff and management demonstrated how assessment and planning occurs in partnership with consumers including other health professionals, to coordinate care planning and assessment. Care documentation reviewed showed evidence of reports and regular communications between allied health clinicians and medical professionals.

The service demonstrated that the outcomes of assessment and planning are communicated to the CHSP and HCP consumer and documented in a goal directed care and services plan. Consumers and representatives interviewed showed awareness of the outcomes of the assessment and planning, and said they have a copy of the care plan. Staff said care plans are reviewed annually or when changes occur, and the copy of the care plan is sent to the consumers. Care documentation reviewed showed copies of care plans provided to the consumer and others involved in their care.

The service demonstrated that services are regularly reviewed for effectiveness and when circumstances change. Consumers/representatives said in different ways that communication about consumer care and services occurs, including when consumer needs and conditions change. Staff advised that services are usually reassessed annually, unless there’s a change in consumers condition or if consumer require additional services. Care documentation showed regular and timely reviews with detailed case notes, revised care plans, referrals, reports.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the five Requirements in Standard 2 compliant.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The service demonstrated that each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers /representatives interviewed described their satisfaction with the personal care provided and said in different ways that it was safe and effective care. Staff interviewed said to ensure a best practice approach they use the service’s policies and procedures, participate in regular meetings, attend clinical team discussions with case managers and participate in ongoing training. Care directives, related to consumers personal care, are consistently documented in their files, and this information is provided to the support workers.

The service demonstrated effective management of high impact or high prevalence risks associated with the delivery of care of consumers. All consumers/ representatives interviewed living with high-impact and/or high-prevalence risks, including falls risk, diabetes and wound management advised the service is adequately supporting them. Staff and management advised that screening tools and risks are reviewed during the review process. Care documentation showed risks associated with the care and services for sampled consumers, are identified, assessed and with relevant strategies documented.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Staff advised how they provide care and support to consumers who have been referred for or are receiving palliative care services in collaboration with the palliative care team outside the service. Management and staff were able to discuss the palliative care processes including a current consumer who is receiving palliative care services.

The service demonstrated 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. Consumers/representatives reported confidence with staff identifying and responding to changes in consumers’ conditions. Staff said that consumers deterioration or changes in health, are discussed at the weekly meetings or with clinical team, if required. Support workers interviewed demonstrated knowledge of their responsibilities in reporting consumer deterioration or changes to the case managers and completing an incident report as appropriate. Care documentation showed evidence where change has been reported, responded to and actioned in timely matter in accordance with consumer needs, and consistent with the policies and procedures.

The service demonstrated that information about consumers is communicated within the organisation and with others responsible for care. Consumers/representatives reported staff know consumers care needs and there is no need to repeat any directions. Staff and management advised that any updates related to change in consumer’s condition are documented and information is shared internally and externally where responsibility for care is shared. Care documentation with care directives for personal care delivery are detailed to support unfamiliar staff in understanding specific preferences for each consumer.

The service demonstrated timely and appropriate referrals occur to other organisations and providers where care and services for consumers are shared. Consumers/representatives interviewed said in various ways they are satisfied that when needed, the service enables appropriate organisations and service providers to become involved in their care. Staff interviewed demonstrated an understanding of when and how to make referrals and described a wide range of referral networks. Care documentation showed referrals were made in response to an identified need in timely manner.

The service demonstrated infection related risks are minimised through implementing precautions to prevent and control infection; and reduce the risk of increasing resistance to antibiotics. Consumers/representatives interviewed commented on staff taking precautions such as wearing masks, gloves and using sanitiser to protect consumers from infection. Support workers confirmed they wear personal protective equipment provided by the service. All staff interviewed said that they have participated in mandatory training on infection control and are complying with mandatory vaccination requirements.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the seven Requirements in Standard 3 compliant.

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

Findings

The service demonstrated that the services consumers receive are safe, effective and optimise their independence and quality of life. Consumers/representatives interviewed expressed satisfaction that the services provided assist them to access the community, and complete activities of daily living to optimise their independence and quality of life. Staff and management described how they support consumers to optimise their quality of life and promote independence. Documentation and case files reviewed showed relevant consumer information such as consumer goals, needs, preferences and interests.

The service supports consumers’ independence, daily living and promotes each consumer’s well-being. Consumers/representatives interviewed expressed their satisfaction with the supports for daily living, including the positive interactions with staff. Staff and support workers advised that they would notice any changes in a consumer’s mood, and described ways they would support individual consumer’s emotional and psychological wellbeing. Staff and management were able to identify triggers and suggest interventions to promote psychological and emotional wellbeing. Care documentation identifies in detail what is important to a consumer.

The service demonstrated that consumers are supported to participate in the community, maintain relationships and do things of interest to them. Consumers/representatives described how services support them to participate in the community and other activities that they wish to do. Staff and support workers interviewed said they talk to consumers, are familiar with their interests, and provided examples of ways they supported consumers to do things of interest to them. Care documentation contained relevant information on consumer interests, hobbies and preferences.

The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation, and with others where responsibility for care is shared. Consumers/ representatives reported they are satisfied with the way consumer services and supports are coordinated. Staff and management discussed ongoing updates to consumers documents, and communication with support workers and other providers of care, to ensure they are informed of changes in consumer care needs. Care documentation showed that with consumers’ consent the service communicates with others, internally and externally, to ensure services are coordinated.

The service demonstrated that referrals are undertaken to individuals, organisations and other providers of care. Consumers/representatives responded positively about referral processes and said the service would assist, should they require other care and services. Staff described a range of services and supports for daily living that they refer consumers to. Care documentation showed examples of referrals actioned to a range of services.

The service does not provide meals to consumers under any of its programs and therefore a finding of compliance/non-compliance has not been made in relation to Requirement 4(3)(f).

The service demonstrated where equipment is provided, it is safe and suitable to meet the consumer’s needs. Consumers /representatives interviewed stated that they were happy with the equipment provided, and it is suitable for their individual needs. Management confirmed the service ensures the suitability and safety of equipment through the provision of tested and trialled equipment based on consumers’ needs and relevant recommendations.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find six of the Requirements in Standard 4 compliant.

# 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 |

The Assessment Team did not assess Standard 5 as the service does not provide services within the organisation’s service environment.

# 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

The service demonstrated that consumers are encouraged and supported to provide feedback and complaints, are provided with internal and external information to enable them to make complaints or provide feedback. Consumers/representatives interviewed generally reported they feel safe and satisfied to provide feedback and complaints. Staff interviewed said that they would be able to assist consumers in making complaints both internally and externally. Management confirmed that there are various ways of providing feedback with information supplied at the onboarding process.

The service demonstrated that consumers and representatives have access to language services and other methods for raising and resolving complaints. Consumers/representatives interviewed that there is information in the consumer information packs that demonstrates how to access and lodge a complaint to The Aged Care Quality Safety Commission, along with other external services including advocacy services and the Older Persons Advocacy Network. Staff were able to outline how they use interpreter services to engage with consumers and representatives where appropriate. A documentation review confirmed information is provided to consumers.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. While not all consumer/representatives interviewed agreed that there was a prompt response to complaints, they generally agreed that the necessary action was taken, and open disclosure has been used. Management stated that any improvements required were noted in the continuous improvement plan. The Assessment Team viewed the continuous improvement plan and policies and procedures related to open disclosure.

The service demonstrated that the complaints and feedback are used to continually improve the quality of care and services. Consumers/representatives are satisfied the service listens to and acts upon their complaints and feedback. Staff confirmed that they often get feedback from consumers during the supply of care and services, which is forwarded to management. Management confirmed that all complaints and feedback are documented into a report and presented to the Board. A review of monthly staff meeting notes demonstrated that feedback, complaints, and outcomes are discussed.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the four Requirements in Standard 6 compliant.

# 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

The service demonstrated that the workforce is planned to be able to deliver safe quality care and services. All consumers/representatives interviewed are generally satisfied with the provision and consistency of staff, and stated in various ways that support workers were generally punctual and would ring if there are arrival delays. Management has a system to monitor the number of and reasons for unfilled shifts. The service has brokerage arrangements in place to add capacity to their workforce if required.

The service demonstrated that workforce interactions with consumers were kind caring and respectful of each consumers identity, race, and diversity. Consumer/representatives stated that the staff are kind, caring and treat the consumers with respect. Staff including support workers and case managers discussed ways how they ensure safe and respectful care and services for consumers.

The service demonstrated processes to ensure the current workforce is competent and have the qualifications and knowledge to effectively perform their roles. Consumers and representatives confirmed in general that support workers, including sub-contracted support workers, are competent when they are delivering services. Support workers interviewed said they are open to feedback from consumers about their competency. The organisation has a workforce management framework and training processes to ensure a competent, knowledgeable, and qualified workforce. The service monitors staff qualifications and uses information from feedback, incident management, and other review and monitoring tools to identify deficits in staff knowledge.

The service demonstrated that the workforce is trained, equipped and supported to deliver the outcomes required. Most consumers/representatives interviewed expressed in various ways their confidence in the ability of staff to deliver quality care and services. Staff interviewed were positive with the support the service provides to equip them to carry out their roles. This includes orientation, providing monitoring and feedback, and confirmation they participated in mandatory training requirements. The organisation has a training framework to ensure the provision of a competent workforce.

The service demonstrated the regular assessment, monitoring and review of the performance of each member of the workforce. Consumers /representatives interviewed expressed in various ways that they were satisfied with staff performance. While staff confirmed that they have monthly one-on-one conversations with managers, there is no annual performance review. Management confirmed that annual performance reviews for all staff currently is not undertaken, however it is under review and would be implemented as per continuous improvement plan. Established systems for review and monitoring of staff performance include a six-month probationary period for all staff employed by the service, and consideration of consumer feedback, complaints, incidents, and any identified performance issues. The service has systems and processes to monitor and manage staff underperformance.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the five Requirements in Standard 7 compliant.

# 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**

The service demonstrated they actively seek and support the involvement of consumers and representatives in the development, delivery, and evaluation of care and services. While consumers/representatives interviewed did not provide specific feedback related to this requirement, they were encouraged to provide feedback about services and supports received or had participated in surveys. Staff confirmed that during the delivery of care and services, consumers often comment on the quality of care provided, which is relayed to management, and lodged in the compliments register. Management confirmed there is a consumer advisory committee that meets regularly with a representative from each state, and they are recruited on a twelve-month basis. They meet every three months and the minutes from each meeting are sent nationwide. The Board receive a copy of the survey reports to assist them in service delivery systems in line with consumer feedback.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The nationwide service is governed by the Board of chief executive officers that are supported by a number of subcommittees. One of the subcommittees is practice governance committee that meets on the quarterly basis. Each jurisdiction of the organisation (disability, child and family, aged care, immigration program) completes a report to the practice governance committee on operations of their jurisdiction. Any outcomes, concerns or recommendations are then escalated to the board and the feedback comes back to management and staff. The governing body maintains oversight of service delivery and guides strategic planning to improve outcomes for consumers receiving services through monthly meetings, reports that captures risk management, incidents, complaints, financial management and workforce issues and other relevant management strategies.

The service has organisation wide governance systems to ensure effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The organisation demonstrated effective information management systems are in place with information technology support to ensure consumers information is kept private. Staff are provided with their own log in details and levels of access according to role. An information governance committee is authorised to guide and oversee all aspects of information management to promote consistent information sharing and use across systems and data platforms.

Continuous improvement opportunities are identified through internal and external audits, complaints, feedback, staff suggestions, staff surveys and incidents. Discussions with management, staff and consumers show improvements are ongoing.

Financial governance is in place to ensure the continuing safe delivery of care and services to consumers. The management team maintains oversight of monthly financial planning reports including revenue, budgeting and forecasting of expenditure, which are discussed at executive levels.

The service has in place a strategy to ensure that all staff are trained according to their positions, have the current competencies and qualifications, along with any ongoing training required. Management said there is a learning pathway that all staff undertake upon commencement with the service to stay current with all regulatory needs and compliance requirements.

Management advised that policies and procedures are updated as result of updates from Government departments and peak bodies. Management reported processes are in place to monitor changes to the aged care legislation and provided evidence of all staff and management trainings in the Aged Care Quality Standards.

The service’s feedback and complaints system supports consumers and representatives to provide feedback that is monitored and reported to the Board. The service has a feedback and complaints procedure that incorporates the principles of open disclosure. Management said that a greater emphasis would be placed in the future on follow up actions for resolutions, along with additional information to assist in decision making process. This would include any actions taken and how this information was supplied to the consumer.

The organisation has effective risk management systems and practices which enable the service to manage high impact or high prevalence risks, to identify and respond to abuse and neglect of consumers, to support consumers to live their best life and to manage and prevent incidents.

In relation to high impact or high prevalence risks, the organisation’s framework includes an incident reporting system and organisational risk register. Policies and procedures are available to guide reporting processes, identify risk and implement risk reduction strategies. Management confirmed they regularly screen consumers who may be deemed as high risk, and in the regional register identify areas of concerns, such as falls, wounds, impairments, pressure injuries, dementia, diabetes, and dignity of risk.

In relation to identifying and reporting abuse and neglect, management advised of mandatory staff training requirements in recognising and responding to elder abuse and neglect, and availability of relevant policies and procedures. Consumers’ information pack contains information related to advocacy services and how to report abuse through various networks and avenues.

In relation to supporting consumes to live the best life they can, consumers /representatives reported being well supported, treated with respect and kindness. Staff and management said they are relying on consumer feedback to improve their service which aims to provide consumers with supports that will improve their quality of life and live a life of independence. This includes assisting consumer access upgraded packages, referrals to specialists and delivering required care.

In relation to managing and preventing incidents, an incident reporting policy, procedure and register is available for recording of incidents. Management advised that all incidents are discussed at team meetings and at monthly clinical governance meetings. All staff and management completed mandatory training in serious incident response scheme (SIRS).

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

In relation to a clinical governance framework, management advised the service has a clinical governance policy and framework. Clinical governance team comprised of various clinical practice leads, who review the domains within the clinical governance framework and make relevant recommendations. Management advised there is a clinical governance meeting that is held monthly to discuss clinical care, complex conditions, identify high risk consumers or trends. Clinical incidents are reported through an incident management system and reviewed by the management and clinical team.

In relation to antimicrobial stewardship, there are relevant policies and procedures. Management advised that the organisation does not prescribe or manage medications, however, support workers can provide medication prompts for the consumers. There are mandatory online e-learning modules for staff that incorporates considerations related to antimicrobial stewardship.

In relation to minimising the use of restraint management noted that staff refer to the policy for restrictive practice, noting it is not a practice that is employed by the service. In addition, management refers to engaging with the clinical governance committee to ensure practices are in line with minimising the use of restraints. Staff have access to an online training module on restrictive practices that is mandatory for all staff and support workers.

Management and staff demonstrated understanding and described the principles of open disclosure. Open disclosure training is provided as an e-learning module for staff. Open disclosure is used by all staff to maintain open communication with consumers, apologise in case of complaints, address immediate needs or concerns, and provide support. The service has an Open Disclosure policy available to all staff. with a link to the policy available on services intranet site.

The provider did not provide a response to the Assessment Team’s report. Having considered the information in the Assessment Team’s report I find the five Requirements in Standard 8 compliant.

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)