**Performance**

**Report**

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| Name: | Lifebridge Australia - Kingscliff |
| Commission ID: | 200718 |
| Address: | Cudgen Road, KINGSCLIFF, New South Wales, 2487 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5163 Lifebridge Australia Ltd  
Service: 26482 Lifebridge Australia Ltd  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7754 Lifebridge Aust Ltd  
Service: 24262 Lifebridge Aust Ltd - Care Relationships and Carer Support  
Service: 24261 Lifebridge Aust Ltd - Community and Home Support

**This performance report**

This performance report for Lifebridge Australia - Kingscliff (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the response received from the provider on 27 February 2024
* other information known by the Commission

# 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 | **Compliant** |
| **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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | HCP | 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 felt they are treated with dignity and respect, and their background is considered in the delivery of care and services. Language used in care documentation is respectful and contains individualised information. Care and support staff have good knowledge about consumer’s individual needs and how they respect and value their individuality. Staff utilise translation applications on their phones to allow consumers to answer questions on preferences. The service endeavours to identify support workers that speak languages other than English.

Consumers said they were satisfied the care they receive was culturally safe for them including that they received the preferred support workers, the service sought to understand their individual needs and backgrounds, and that they felt included and respected. Staff have good knowledge of consumers cultural needs and in a survey conducted in November 2023, a high percentage of respondents felt they trusted the service provider to do the right thing by them.

Consumers are supported to exercise choice and independence and make their own decisions. Assessment and care planning processes enable choice and decision making. Staff ask consumers what assistance they require and use a diary, calendar, or notes for family members to provide reminders or updates on care and services. Consumers said the staff support them in making decisions about care and that family is included where chosen.

Consumers and representatives are satisfied consumers are supported to take personal risk to live the best life they can. Assessment processes and risk management policies support consumers to continue to do activities they enjoy. Examples include assistance to purchase scooters to assist with independently accessing the community and preference to choose not to use equipment recommended by the occupational therapist when staff are providing care. The service has discussed and documented dignity of risk discussions. Staff use agreed strategies to ensure consumers are safe so they can maintain their independence.

The service provides consumers and their representatives with current and timely information including for the Home Care Agreement, monthly statements, satisfaction surveys and consumer handbooks. Consumers and representatives are satisfied with the provision of information and say that it is on time, clear and easy to understand. Newsletters inform consumers of updates from the service.

Support workers described how they maintain a consumer’s privacy when providing care. Consumer described how staff ensured their privacy when providing care for example, closing bedroom doors, and not discussing consumers’ care needs in front of others. The service has a password protected electronic care management system for staff to access information on individual consumers’ care needs. Mobile phones are password protected. The service has a privacy and confidentiality policy which is provided to consumers in the consumer handbook. Staff receive training on privacy awareness.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers and representatives said consumers receive care and services that meet their needs. Staff were able to identify risks for consumers and care documentation provided detailed information to guide the delivery of care and services for each consumer. Risk assessment tools are used to identify health and well-being risks, including falls, skin integrity and wound management. Clinical oversight of assessment and planning occurs in consultation with consumers, representatives, and registered staff when a consumer commences with the service and when changes occur. The service has policies, procedures, and assessment tools to guide staff practice in assessing personal and clinical care.

Consumers and representatives said consumers are receiving care and services that meet their needs, goals and preferences. The service provides end of life planning support to consumers. Most consumers and representatives believed they may have discussed advance care planning with staff. Management advised end of life planning discussion are held on intake to the service. A copy of an advance care plan is held by the service and for consumers that have plans but have not provided a copy to the service, the information is attached to home files to guide staff in the event of an emergency.

Consumers and representatives confirmed they participate in the planning and review of care and services. Staff work in partnership with other organisations, individuals and service providers in assessment and care planning, and communicate regularly regarding changing needs of consumers. Documentation evidenced consumer and representative involvement in the planning of services and ongoing reviews.

Consumers and representatives can request a copy of their care plan from the service if they choose. Staff are informed of any changes to consumers’ care and service needs in a timely manner through the electronic care management system and the application on mobile phones. Care planning information is readily available and updated with any changes to care needs. Support workers contact management if they have any concerns with service delivery or changes in a consumer’s condition or circumstances.

Consumers and representatives said the service and staff monitor care and services provided to meet the consumer’s needs, goals, and preferences. Management advised care plans are reviewed annually, in response to incidents, or when the needs of the consumer changes. Care plans are reviewed more regularly for consumers receiving higher level home care packages.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Staff demonstrated knowledge of consumers’ needs, goals and preferences and how the service ensures care is best practice and tailored to the consumers’ needs. Care plans accurately describe consumers’ personal and clinical care needs in sufficient detail to guide staff in the delivery of care and services. The service has policies, procedures, and assessment tools to guide staff practice in delivering personal and clinical care. Consumers said care and services are tailored to their needs including for medication assistance, welfare checks and personal care.

Risk assessments are undertaken for high-prevalence or high-impact risks to minimise their occurrence. Risks identified for the service included falls and wound management. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Support workers refer to consumers’ care and service plans or contact clinical staff if they require support to manage consumers’ risks. Support workers report incidents by completing an incident form on the electronic care management system. Pressure, wound and falls management were assessed, managed and reviewed to identify and reduce risk.

The service has established relationships with other service providers including palliative care teams to support consumers’ needs and end of life wishes. Care and services are adjusted for consumers nearing the end of life, for example respecting the consumer’s privacy and wishes whilst continuing to provide care and services in accordance with the consumer’s care plan, and specialist equipment provided to support comfort during end of life.

Consumers and representatives said staff know the consumers and recognise deterioration. Continuity of staffing supports staff to identify deterioration or change in a consumer. Staff were able to provide examples of changes in a consumer’s condition and what actions they took, including escalating to clinical staff. Care documentation confirmed the service responds in a timely manner when deterioration in a consumer’s well-being is identified. The service has procedures to guide staff in the process for managing deterioration.

Consumers and representatives said staff provide consistent care and services and are satisfied with the quality of care and services provided to consumers. Support workers have access to information about consumers’ care and service delivery. Care documentation demonstrates adequate information to support the delivery of safe and effective care and services.

Consumers and representatives said referral processes are timely and appropriate. Consumers have access to a Medical officer and other health professionals when they need it. Care documentation demonstrated input from other health professionals, including Medical officers, Occupational therapists, Physiotherapists, and Dietitians. Their recommendations are incorporated into care documentation. The service has policies and procedures in place to guide staff practice in relation to referral processes.

Consumers and representatives said staff follow standard infection control protocols, including handwashing and use of personal protective equipment (PPE) when entering consumers’ homes. Management and staff described a range of strategies to minimise the transmission of infection including, screening prior to entering consumers’ homes, handwashing, and aseptic techniques for wound dressings and catheter care. Staff have received training in infection prevention and control, hand hygiene and the correct use of PPE. Management said the registered staff are aware of anti-microbial stewardship and discuss with relevant health professionals if required. Registered staff monitor the use of medications including antibiotics. The service has policies and procedures related to antimicrobial stewardship, infection prevention and control, including COVID-19 guidelines to guide staff practice.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers are satisfied with services and supports for daily living. Consumers said they have been able to stay at home and remain independent because of the support they receive from the service. Consumers are supported with general cleaning and social activities including going out for meals and sharing conversations over a cup of tea. The service’s assessment process identifies consumers’ goals and preferences, and their chosen services are documented. The service has policies to guide management and staff and monitors consumer satisfaction.

The service has processes to support consumers’ emotional, spiritual and psychological well-being. Consumers are satisfied with the supports provided. Policies are available to guide management and staff. Assessment processes identify consumers’ goals and preferences in relation to emotional and spiritual well-being and their chosen services are documented for example, support groups for people with dementia, social activities. Support workers demonstrated awareness of the spiritual needs of the consumers they supported.

Consumers and representatives are satisfied the service supports consumers to participate in the community, to have social and personal relationships and to do activities of interest to them. Assessment processes identify consumers’ goals and preferences in relation to supports for daily living and their chosen services are documented, for example consumers reported they look forward to the activities offered by the service, bus trips and social interaction at the respite centre. Support workers support consumers to engage with the community by taking them to meet with friends and family, shopping or out for coffee.

The service has established systems to enable the sharing of consumers’ information within the organisation and with others who share care responsibilities. Consumers and representatives said the staff know consumers well and have the information they need to support consumers. Support workers receive information related to consumers’ care needs and when changes occur. Support workers are provided with up-to-date information to guide the delivery of care and services. Consumer information is communicated through the service’s electronic care management system and a mobile phone application for support workers.

Staff and management described the processes for timely and appropriate referrals to other organisations and providers of care including Thai Chi classes for balance and arthritis, coffee and cake morning teas, local library services, transport services and providers of meal delivery services. Consumers who had been referred to other organisations and providers of care and services reported the services were flexible and reliable.

Consumers and representatives said consumers are satisfied with the quality, quantity and variety of meals. Consumers’ goals and preferences in relation to meals and their chosen services are documented. The service has policies that guide staff in relation to meal quality and safety. Meal providers can provide specialised and /or textured diets if required to the consumer in their home. The service provides morning tea and lunch for consumers who attend the day respite centre. The menu is decided by the consumers on the day and is planned around their dietary requirements. The consumers have a choice of meals, and the service can cater for consumers with allergies or texture modifications as required. Support workers are provided food handling training.

The service supports consumers to access equipment. Four wheel walkers are provided for consumers at the respite centre. Equipment is checked for safety and cleaned between uses. Equipment provided to consumer’s homes is risk assessed by the Occupational therapist prior to purchase and any maintenance issues are reported and repaired. While a preventative maintenance schedule is not kept for equipment provided, no impact was identified by the Assessment team to consumers. The service has a fleet of buses with a support worker responsible for checking oil, water and tyre pressures and arranging services. Support staff are responsible for sweeping the buses after each use internally and a roster is provided for washing them.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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. | Compliant | Compliant |
| 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team observed the service environment including facilities used for preparing and cooking meals. The service environment has easy access for people with various levels of ability and mobility. Consumers who visit the service are satisfied with the environment and enjoy attending the service. The service has separate areas where a consumer can join in activities, enjoy some morning tea or sit quietly in an outdoor area. The service has appropriate signage to guide visitors.

Consumers who visit the service environment are satisfied with cleaning and maintenance. Processes are in place to ensure the environment is clean, well maintained and monitored for any hazards. Maintenance or cleaning issues identified are addressed and reported to minimise risks to consumers, staff and visitors. The Assessment Team observed consumers access the ramp and external areas with their four wheeled walkers. The Assessment Team observed the service environment to be uncluttered, maintained, and appeared comfortable. Pathways were level and free from trip hazards and other debris from the surrounding bushland. Seating was available for consumers to rest and enjoy the surrounds.

Furniture, fittings and equipment at the service including the kitchen area were observed to be clean and well maintained. There are processes for the cleaning and maintenance of furniture, fittings and equipment, including the service’s vehicles utilised to support consumers attending social and medical activities. Consumers said they felt safe utilising equipment provided by the service. Vehicles provided by the service were equipped with first aid kits, infection control measures and mobility support for the consumer. Processes for the maintenance of kitchen equipment and procedures for the testing and tagging of equipment and pest control was monitored.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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 are aware of how to provide feedback or make a complaint. The service provides information to consumers and representatives about complaint processes. The service seeks feedback from consumers through surveys. The consumer handbook provides information on the service’s complaints process.

The service provides information on how to access advocates, language services and external complaints processes is provided. Consumers and their representatives are satisfied they are provided with sufficient information to make complaints if necessary. The contact details for external complaints mechanisms and advocacy services including the Commission are available in the consumer booklet. The service has a customer complaints resolution policy which includes details for the Commission and external advocacy organisations.

Consumers and their representatives are satisfied appropriate action is taken in response to feedback and complaints. Consumers said the service offers an apology when a complaint is raised. Complaints management and open disclosure policies are available to guide management and staff and a register of complaints is maintained by the service. Staff are trained in complaints management and open disclosure principles.

The service documents feedback and complaints and reviews this information to identify improvement opportunities. There is a procedure to guide management in the evaluation of feedback and complaints. The service uses the Plan for Continuous Improvement to record improvement activities. Consumers and representatives are satisfied the service reviews feedback to improve the quality of service. The leadership team and Clinical Quality and Safeguarding panel meet to identify trends to inform continuous improvement.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Consumers are satisfied with the availability of staff and responsiveness of management. Consumers described care and services as reliable and meeting their preferences. Care and services are delivered by the service’s staff with support from contracted staff. The service has processes for the management of planned and unplanned leave. Staff said they have sufficient time to complete their assigned work.

The service has policies and procedures available to guide staff on workforce interactions with consumers and providing care and services that are culturally safe. Consumers and representatives are satisfied staff are respectful, kind and caring. Consumers reported staff are gentle when providing care and they feel safe. Workforce interactions are monitored through informal consumer feedback, care plan reviews and surveys. In a consumer survey in November 2023, consumers said the staff are caring, kind, friendly, helpful, polite, punctual, and trustworthy.

Consumers and representatives are satisfied that members of the workforce are competent, and they have the appropriate skills and qualifications to deliver their care needs. Recruitment and training processes support workforce members to have the appropriate qualifications and knowledge. Consumers were complimentary of management and staff with comments such as ‘they know what they are doing’ and ‘feel confident they are competent in their roles’. Staff understood the requirements of their role. Regulatory screening is completed for all staff as they work across home care and NDIS services. Staff qualifications and screenings are monitored monthly by the human resources manager.

Consumers and representatives are satisfied consumers receive safe and quality care. The service has a training program incorporating an induction program and annual mandatory training meets consumers’ needs and preferences. Consumers described staff as ’they know what they are doing’ and ‘my carer knows how to help me when we go out’. Staff are provided with ongoing training which support the delivery of outcomes required by the Quality Standards. In a consumer survey in November 2023, a high percentage of respondents said they were satisfied with how staff provide services.

Consumers and representatives are satisfied with the performance of staff. The service has systems to assess and monitor the performance of members of the workforce. An annual performance appraisal is completed yearly by staff. The service monitors the performance of contractors through complaints and actively seek feedback from consumers at reviews.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

# 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

Management engages with consumers and representatives in the development, delivery and evaluation of care and services. Consumer feedback is actively sought by management and is used to develop and improve the service. Consumers and representatives are satisfied with the quality of care and services provided by the service.

A culture of safe, inclusive quality care and services is promoted by management and is incorporated into the organisation’s procedures to guide staff and consumers. The organisation’s governance structure is designed to ensure accountability, with the designated governing body being the Board of Directors. The management team and the Board meet regularly to review the service’s performance and to plan actions to improve performance. Consumers and representatives are satisfied the organisation provides quality and safe care and services.

The service has effective information management systems. The service implemented systems to effectively manage assessment, care planning, care delivery and the provision of consumers’ budgets and statements. Staff are satisfied they can access the information they need to deliver care and services and said this information is accurate and up to date. The service has procedures to guide staff in privacy and information sharing. Consumers and representatives are generally satisfied they are provided with accurate information.

The service has appointed a Quality officer to oversee quality management which incorporates a continuous improvement process. The service uses a register to record and monitor improvement activities. The service has committees to oversee and provide guidance on quality care. There are procedures to guide management and staff in continuous improvement.

The service has a Chief financial officer. There is a clear structure to guide staff and management. Financial statements are provided to the governing board for review and oversight of the financial management of the service.

The accountabilities and responsibilities of staff are set out in their position descriptions. Staff are provided with training in relevant work safety procedures such manual handling and infection control. Incidents are entered into an incident reporting system and reviewed at management, advisory group and governing board meetings.

Changes to legislative requirements, industry standards, and guidelines are monitored through subscriptions to peak bodies and the Commission. The service has effectively implemented relevant regulatory requirements, including for Home Care Agreements, provision of statements, advise of audits and monitoring staff compliance requirements.

The ‘Customer complaints resolution and Open disclosure’ policies guide management and staff in complaints management and open disclosure. Consumers and representatives are satisfied they have access to feedback and complaints mechanisms.

The service has frameworks and policies to manage high risk high prevalence risk and respond to incidents. Staff and management were able to provide examples of identified risks and how they were managed within the service. Staff have received training in detecting and responding to elder abuse and demonstrated a shared understanding of implementing the service’s risk management procedures. Incidents are reviewed and reported where required for serious incidents.

The service has systems and procedures in place to guide management and staff in the delivery of quality clinical care and services. Staff receive education on relevant clinical topics including identifying the use of restraint. A Quality of Care Advisory Group has been established to review clinical data and provide guidance to the clinical team and governing board. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

I have considered the information brought forward by the Assessment Team, the response received from the provider and other information known to the Commission. I am satisfied the service has demonstrated compliance with this Standard.

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)