**Performance**

**Report**

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| Name: | Livable |
| Commission ID: | 200824 |
| Address: | 11 Kemp Street, GRAFTON, New South Wales, 2460 |
| 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: 8886 Livable Limited  
Service: 26636 Livable  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7652 CRANES Community Support Programs Limited  
Service: 24782 CRANES Community Support Programs Limited - Community and Home Support  
Service: 24783 Livable

**This performance report**

This performance report for Livable (**the service**) has been prepared by S Turner, 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
* information about the service that is held 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 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 and representatives described staff as kind, caring and respectful; they said consumers felt valued by staff and that staff respected consumers’ privacy. They said staff knew their individual preferences and their cultural background and could describe how this influenced the care they received. One consumer said staff took the time to get to know them and that staff listened to what they had to say.

Consumers and representatives were satisfied with the information they received from the service. This included an information pack and service agreement; home care package consumers received a budget and monthly statements. Consumers were informed of their rights including their right to be treated with respect and to have their identity, culture and diversity valued and were provided a copy of the Charter of Aged Care Rights. Consumers and representatives said they felt supported to exercise choice and independence. They said they could stipulate who was involved in their care and communication channels were in place to support this.

Consumers were encouraged to make connections with others and maintain relationships of choice. Consumers who attended social support groups advised they have made many friends since attending these centre-based activities. They said that transport services supported them to participate in the varied programs and outings.

Care planning documentation included details about the consumer including specific cultural needs and care requirements and services were provided by staff who were familiar with the consumer’s cultural values. Staff could describe culturally safe care and how they tailored services for consumers. The service engaged with Aboriginal communities within the region and participated in activities including NAIDOC celebrations; service providers were invited to the speak to consumers and included the Seniors Rights Service and Aboriginal Medical Services.

Staff were aware of consumers’ circumstances, family arrangements, support networks and other aspects of the consumer’s life; this information allowed staff to deliver care and services that were responsive to consumers’ individual needs and preferences. Staff described how they encouraged consumers to exercise choice and independence that included their preferences in relation to days and times of service delivery and their preferred care worker. Staff demonstrated an understanding of how to promote the consumer’s privacy, including when providing care or supporting them within the broader community.

Management demonstrated an understanding and awareness of the consumer’s right to take risks. Where risks were identified these were documented and strategies were implemented to minimise risks as much as possible. Where appropriate, allied health professionals completed risk assessments and copies of these were sighted during the Quality Audit.

There were policies and procedures relevant to this standard that included privacy and confidentiality; staff received training in these areas. Electronic records were password protected and hard copy information was securely stored.

For the reasons detailed, I find 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

Consumers and representatives provided positive feedback on assessment and care planning processes and said they were fully involved in the process, that representatives were involved where requested, and that reviews of care occurred on a regular basis. They said they received an in-home assessment that included a discussion of their needs, goals and preferences prior to commencement of services and an in-home environmental assessment was also conducted. Consumers said the service assessed their individual risks and provided examples of how this had occurred. Consumers felt the service respected their preferences and their goals during assessment and care planning processes. They said they were able to discuss advanced care planning and end of life care if they chose to do so.

Staff said all consumers were provided with a copy of the care plan and care plans were sighted in all consumer files. Most consumers reported receiving a copy of their care plan; while some consumers could not recall this, they said they were well informed of the services they could receive. Coordination staff said they were in contact with each consumer on a regular basis and consumers confirmed this. Staff said they see the same consumers regularly and are able to identify any deterioration in consumers’ physical and/or mental well-being and relay this to coordination staff as needed.

Care staff have access to consumers’ care plans and said they received sufficient information to deliver safe care. Staff said they had regular meetings and ad hoc discussions with coordinators about individual consumers when a need arose. Care staff and subcontracted staff described the non-response process, and this aligned with organisational requirements.

Care planning documentation included evidence of assessments, personal preferences, engagement with consumers and representatives in planning care, and the involvement of other agencies and service providers including occupational therapists, home modification services and allied health.

Policies and procedures relevant to this standard were available to guide staff and included assessment, care planning and review processes.

For the reasons detailed, I find 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 | 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

Consumers and representatives were satisfied with the care consumers received and said individual risks to consumers were identified. Consumers and representatives provided examples of how staff understood the consumers’ mobility needs and the equipment they required when leaving the house. They said staff assessed the consumers’ home environment and ensured it was safe for the consumer and that representatives were notified if there was an incident or if there was no response when care staff arrived to provide care.

Consumers said staff knew them well and they felt confident staff would identify and report any changes to the consumers’ health and well-being. They said referrals had been made as needed to allied health such as occupational therapists and physiotherapists and that they were assisted to attend appointments and access external services as needed. Staff said they escalated changes in health and wellbeing to the coordinators and that follow up occurred promptly.

A comprehensive assessment was conducted for consumers and clinical needs such as wound care, medication management and pain were assessed by a registered nurse. Care documentation detailed consumers’ personal and clinical care needs and included evidence of referrals, escalation processes and discussions with the consumers and staff. Coordinators said they assisted consumers with referrals to My Aged Care if a higher-level package was needed as a result of change in are needs.

Risk management processes were established to identify, monitor and manage risks relating to consumer care. Staff provided examples of high impact and high prevalence risks that had been identified for consumers. These included mobility, falls, skin integrity, wounds, pain management and medication management. Referrals were made for medication reviews and behaviour support plans were developed as required.

Staff said they reported incidents and hazards and could outline the non-response process they followed. Staff described the strategies they used to minimise risks to consumers, such as falls, and these aligned with information contained in the consumers’ care plans. Staff said they had received training in dementia care.

Staff said they provided information on advance care directives and end of life planning through the assessment and review process and as care needs changed. Staff described how services were adapted to meet the changing needs of consumers as they approached end of life.

Staff took actions that included hand hygiene, to protect consumers from infections during service delivery and wore personal protective equipment as required. Consumers said the provider had supplied them with information about COVID-19 and all consumers that were interviewed felt staff practices kept them safe. Staff said they had received training in infection control and described how they practised hand hygiene, used gloves and masks and additional personal protective equipment as required. Staff said they conducted self-checks on their health on a daily basis and checked consumers’ health when providing care. Any concerns were reported to the coordinators and management. Registered staff described how they followed infection control protocols when providing clinical care such as wound care and demonstrated an understanding of antimicrobial stewardship.

Policies and procedures relating to Standard 3 were in place and included risk management and infection control.

For the reasons detailed, I find 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 | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Consumers and representatives said they were encouraged to stay active and maintain their physical independence. Consumers were referred for additional services through My Aged Care when needed with some providing examples where the consumer had been referred to an occupational therapist for home modifications or equipment. Consumers said staff helped them do the things they wanted to do through in-home or community based social support services. One consumer provided feedback that they enjoyed attending the centre, felt safe and that staff looked after them well. Further, they said they had made new friends and enjoyed their life more as a result of the services they received.

Consumers and representatives said staff checked on consumers each visit and reported to the coordinators if they had any concerns. Consumers provided positive feedback about how the social connections they have supported their emotional well-being. They said they developed a relationship with the staff who provided care and services which helped meet their emotional and psychological needs and improved their health and well-being.

Consumers said they had opportunities to build and maintain relationships and pursue activities of intertest within the community. Consumers spoke positively about the way staff supported them to do things that were meaningful and would take them wherever they wished to go. They said they enjoyed the outings including those where they were able to suggest a venue; during the Quality Audit consumers were visiting an Asian restaurant that they enjoyed and said they were looking forward to it.

Consumers and representatives were satisfied with the way the service communicated information and said staff knew their needs and reported any concerns that related to the consumers’ safety. Staff were satisfied with the information they received and said it helped them identify consumers’ needs including those consumers who required additional support. Staff said they had access to consumers’ care plans, and that coordinators made contact with them in relation to consumers’ care and services. Subcontracted organisations were satisfied with the amount of information they received prior to conducting home visits or assessments. They said the coordinators were particularly good and were aware of consumers’ needs.

Staff demonstrated a sound understanding of consumers’ needs and interests, and provided examples of the ways they maximised consumers’ health, well-being and quality of life. Staff said they visited consumers in hospital, maintained consistent staffing and interacted with consumers one on one, including when consumers attended centre-based activities. Consumers said they felt empowered as they were in charge of how and when services were delivered.

Coordinators gathered information on consumers’ life stories and social needs on entry to the service and staff were aware of how this information supported the continuity of consumers’ relationships and assisted with communication. Care plans were written in a way that was consumer focused and included individual interests, needs and preferences including cultural requirements. Services to support Aboriginal and Torres Strait Islander consumers were provided and included cooking, outings and arts and crafts, and were based on consumers’ interests. Emotional, spiritual and psychological needs were assessed, addressed in care planning and were reviewed on an ongoing basis. Care plans were revised and updated in response to consumers’ changing needs and there was evidence of referrals and engagement with internal and external staff.

Meals were not provided through Home Care Package funding however meal services were supported through the Commonwealth Home Support Programme. The manager and coordinator stated they received regular feedback from consumers who received services from a meal delivery program; they said no concerns had been raised. Consumers attending social activities reported food provided at the centre was tasty and there was sufficient food provided of a suitable quality. Consumers said they had input into the food provided and their preferences were taken into consideration.

Consumers and representatives reported equipment had been provided to consumers through their Home Care Package funding. They said they were satisfied with the quality of the equipment and the range of equipment to choose from. Coordinators said consumer equipment was based on the consumer’s individual needs and that there were policies and procedures to guide staff practice in relation to equipment. Staff said equipment was listed in the consumer’s care plan and they had received instructions for safe use.

For the reasons detailed, I find 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 | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Standard 5 was not applicable under the Home Care Package Program.

Consumers receiving services under the Commonwealth Home Support Programme who attended the centre provided positive feedback about their experience there and the environment. They said the environment was welcoming, comfortable, supported their ability to move independently and that they felt welcomed by all staff; they said they enjoyed their time there.

Consumers said the venues were clean and well-maintained and that they had access to outdoor areas if they wished. A number of consumers said the service was suitable for the many different activities they enjoyed including arts, crafts and games. Staff said the environment was easy and safe for consumers to access and this was observed by the Assessment Team.

Staff said they conducted venue assessments, and these were sighted by the Assessment Team. They said if they noticed any concerns that impacted consumer safety, they would report this promptly through the incident system as a hazard and follow up actions would occur.

Staff were satisfied that equipment was checked regularly and was clean. The Assessment Team observed the furniture was well-maintained, chairs and tables were of a suitable height, cleaning wipes, disinfectants and hand sanitisers were available; fire extinguishers and evacuation plans were in place.

Buses used by consumers were observed to be in good condition, clean and safety equipment such as first aid kits and fire extinguishers were in place. Documents relating to vehicle maintenance and insurance were available.

For the reasons detailed, I find Standard 5 Compliant.

# 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 and representatives said they were supported to provide feedback and make complaints and reported high levels of satisfaction with the process. They said the service sought their feedback regularly about external agencies and staff; and they could contact the administration team or coordinators with their concerns if these arose.

Consumers were aware of their access to advocacy services and interpreter services if needed. They said they felt comfortable raising a complaint directly with the service and explained how they would call the coordinator to make contact with a provider; some consumers though preferred to send an email or lodge feedback using the service provider’s website.

Management advised all consumers received an information package on entering the service which explained the complaints, compliments and feedback processes and included the Charter of Aged Care Rights; information about the Aged Care Quality and Safety Commission and advocacy services were included in the consumer handbook. Management said annual surveys were provided to consumers. They said following receipt of feedback, they made contact with the consumer and/or their representative in order to provide assistance. Folders within the consumers’ homes included forms and brochures from peak bodies including for example Seniors Rights Service, National Aged Care Advocacy Program and Older Persons Advocacy Network.

Documentation relating to complaints demonstrated complaints were logged, prioritised and actioned within an established timeframe, where appropriate the complaint was escalated. A sample of complaints found consumers and representatives were provided options to resolve the complaint and the service provider applied a root cause analysis to identify why the complaint was raised and what actions should be taken. Management described how the complaint remained open until resolved and described how an apology was provided to the consumer.

Management described how they used information from surveys, feedback and complaints to gain an insight into the quality of services. Themes and trends were identified and reporting mechanisms were in place. A continuous improvement plan was maintained and there was a correlation between themes raised in feedback and improvement initiatives.

Policies relevant to Standard 6 guided staff and included complaints and feedback mechanisms, external supports and continuous improvement processes. Additionally, staff received training on the role of external agencies in supporting consumers to provide feedback, and open disclosure.

For the reasons detailed, I find 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

Consumers generally provided positive feedback about staff, saying they received care from the same care staff and were very happy with them.

Management explained how the service prioritised essential services such as clinical and personal care during COVID-19 to ensure consumers’ needs were met. They said when staff leave impacted care and service delivery consumers were either offered a replacement staff member or a rescheduling of services.

Consumers and management said staff from culturally and linguistically diverse backgrounds were employed to support consumers’ needs. Consumers and representatives said staff treated them with respect and were responsive to their needs. Staff were observed interacting with consumers in a kind, caring and respectful manner. Staff said they had received training in elder abuse and reporting processes and explained that if they witnessed staff treating consumers disrespectfully they would report the situation to management.

The service had a recruitment and onboarding process that ensured staff were competent to perform their roles. Recruited staff demonstrated they possessed the relevant qualifications specific to their role or were willing to complete the required training. Nursing services were obtained through a brokerage service and there were processes to monitor professional qualifications and training. Following induction, staff were provided with ongoing training and development and the organisation provided opportunities for progression. Consumers said that staff knew what they were doing, and management advised all roles included a detailed position description.

The service had a performance and development process in place that required the completion of yearly appraisals however management acknowledged there were some gaps in the process. Management provided examples of how staff were supported and said performance management processes are initiated if required. Staff reported they received feedback from management and had completed an appraisal. They said they met with management during review processes or following an incident and found the process helpful with one staff member saying they felt supported in the role.

There were policies and procedures relevant to Standard 7 to guide staff that included recruitment and induction.

While there were some gaps in the performance appraisal process this had not resulted in impacts to consumers’ care and service delivery. Management and staff described the processes in place to ensure staff performance was appropriate, there were processes to track completion and consumers said they were happy with staff performance and that staff knew what they were doing.

For the reasons detailed, I find 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

Consumers and representatives described how they were engaged to provide feedback with many confirming they were invited to participate in surveys. Consumers and representatives expressed satisfaction with the quality of the services provided. Management said consumers were encouraged to provide feedback during home visits, telephone calls, emails and via the service’s website.

Consumers and representatives felt the service promoted a culture of safe, inclusive, quality care and services. The coordinator and scheduling team advised they had regular meetings to discuss care worker allocation based on consumers’ needs and preferences. Staff said the service was well run and management responded to consumer feedback when assigning staff and planning schedules. Staff demonstrated an understanding of policies and procedures that supported the delivery of safe, quality services.

Management said the organisation was committed to promoting a culture of safe, inclusive, quality care across the organisation. The governing body was supported by an experienced team who were responsible for monitoring risk and quality relating to service delivery. Reporting processes were established through the meeting structures to provide information and advice to the governing body. Improvements driven by the governing body included the introduction of a new client information system.

Effective organisation wide governance systems were in place and included information management, continuous improvement, financial management, workforce management, feedback and complaints, and regulatory compliance. For example:

* Electronic information management systems were in place and included consumers’ file management, staff rostering systems, online training and human resource management. The service maintained a shared drive where policies and procedures could be accessed. Staff accessed consumer information through a mobile application. Information relating to consumers was maintained in a way that ensured consumer confidentiality; back up systems were in place to ensure information was secure.
* Continuous improvement processes were in place and informed by feedback surveys, staff meetings, review of management systems including staff performance, incidents, and complaints.
* There were processes to manage finances and resources. Senior management had oversight of the service’s income and expenditure and this was reviewed regularly and discussed by the governing body. Consumers were advised of any changes in costs prior to implementation and consumers receiving a Home Care Package received monthly invoices.
* Management received regular updates from government bodies on regulatory changes and information. This was monitored by the Governance sub-committee and executive level staff. Information was provided to managers and staff through meetings, emails, training and through policies and procedures.

The organisation had a risk management system that included policies and an incident management register that was overseen by senior management staff and members of the executive. The policies outlined how incidents and risks were identified, recorded, escalated and actioned; the Assessment Team was provided examples of how this had been implemented. Online training and meetings included reference to incident management and how best to support consumers at risk. Staff were familiar with the processes they should follow if concerned about a consumer. Staff were aware of resources such as advocacy agencies that could be sourced as a support for consumers. Management and staff were able to identify high risk consumers including those with special needs, and cognitive and functional difficulties. Consumers provided examples of how the service supported them to live the best life they could, and stated their appreciation of having staff attend them who understood them and knew their needs.

The service had a clinical governance framework that included policies for antimicrobial stewardship, minimisation of the use of restraint and open disclosure. The clinical governance framework had been updated to include infection control risks related to wound infection and COVID-19 and was reviewed when state and government directions changed. Staff described strategies to minimise infection related risks including adherence to hand hygiene practices, appropriate donning and doffing of personal protective equipment and prompt identification of infection related symptoms. Management said clinical services were provided from an external provider and the governance group monitored these services. Clinical incidents were reported and trended monthly.

For the reasons detailed, I find 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 2018.1 [↑](#footnote-ref-1)