**Performance**

**Report**

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| Name: | LiveBetter Services - Orange |
| Commission ID: | 200029 |
| Address: | 129-131 Byng Street, ORANGE, New South Wales, 2800 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 17 April 2024 to 18 April 2024 |
| Performance report date: | 25 June 2024 |

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: 2721 Livebetter Services Limited  
Service: 17390 LiveBetter Services Limited- Central West NSW

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7633 LIVEBETTER SERVICES LIMITED  
Service: 24665 CareWest Ltd - Care Relationships and Carer Support  
Service: 24663 CareWest Ltd - Community and Home Support

**This performance report**

This performance report for LiveBetter Services - Orange (**the service**) has been prepared by J,Durston 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 Assessment contact (performance assessment) – site 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 | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 5** Organisation’s service environment | **Not Assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **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 | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 5** Organisation’s service environment | **Not assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |

Findings

Both CHSP and HCP services were found non-compliant in Requirement 1(3)(d) following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that staff were unable to sufficiently explain how they would mitigate risks or apply risk management strategies to support consumers to take risks to live their best life.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirement, and the Assessment Team recommended the requirement was met.

Requirement 1(3)(d)

The service advised it had implemented an updated Dignity of Risk policy, a high-risk activity planning tool to assist care coordinators to balance high risk activities and enablement activities with supported safeguards, and establishment of a clinical care meeting to consider all referrals for high-risk activities.

During the Assessment Contact the Assessment Team found consumers and representatives provided positive feedback regarding how the service supports them to live their best life and do the things they most enjoy. Staff demonstrated their awareness of the new procedures and tools and explained how they support consumers to live their best life by linking them with services that meet their needs and the types of support and assistance they provide to minimise any risks to consumers’ health safety and wellbeing while living their best life.

* Based on the evidence provided, I find the service compliant in Requirement 1(3)(d).

# 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)(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 was found non-compliant in Requirements 2(3)(a), 2(3)(d) and 2(3)(e) following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that the service’s assessment and planning process did not sufficiently inform the delivery of safe and effective care and services. Validated assessment tools to assess complex care needs such as cognitive decline, skin integrity and pain were not utilised and the service did bot conduct clinical assessments for consumers on high level home care packages. The outcomes of assessment and planning were not effectively communicated by the service to consumers. The Team also found some CHSP and HCP care plans had not been reviewed for more than 12 -18 months.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirements, and the Assessment Team recommended the service had met those requirements.

Requirement 2(3)(a)

The service advised it has introduced a new model for in-home clinical and care management that provides more clinical oversight. Several assessment tools have been provided to coordinators and clinical staff to improve assessment and planning.

The Assessment Team found consumers and representatives interviewed said they were satisfied with the assessment and planning processes. Care and service documentation demonstrated effective assessment and planning that identifies risks and includes risk mitigation strategies. The Assessment Team found assessment and planning is occurring in line with the service’s model of care.

Requirement 2(3)(d)

The service advised consumers and representatives receive information about the assessment process, including its purpose and outcome. Care plans are updated to reflect any changes in line with a validated assessment tool and will be communicated to the brokered service provider and their home care staff and other organisations and a copy is provided to consumers at the point of care.

The Assessment Team found all consumers and representatives interviewed confirmed they received a copy of their support plan. Staff advised consumers’ care plans are available at the point of care and service delivery, and support staff confirmed they can access consumers assessments and care plans via a mobile application and email alerts, and phone contact from the coordinators. One representative of a consumer (HCP L4) advised that the coordinator keeps regular contact and explains and adjusts services when the consumer’s care needs change.

Requirement 2(3)(e)

The service advised consumer care and services and reassessments are regularly reviewed. Supervision discussions with coordinators include discussion about their progress with care plan reviews and a sample of their care plans are quality reviewed.

The Assessment Team found consumers and representatives reported they felt they could change their care and services if their needs or preferences changed. CHSP and HCP consumer documentation showed care plans and assessments are reviewed regularly and when consumers condition changed and/or deteriorated, and all sampled consumer documentation contained up to date information.

* Based on the evidence provided, I find the service compliant in Requirements 2(3)(a), 2(3)(d), and 2(3)(e).

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 |

Findings

The service was found non-compliant in Requirement 3(3)(e) following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that there was minimal information provided to CHSP services to assist staff to provide safe and effective care and services, including risks, and risk mitigation strategies. There was a lack of communication with others with shared responsibility for care, both internally and externally, including consumers with high impact, high prevalence risks such as dietary, falls, and allergies.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirement, and the Assessment Team recommended the service met the requirement.

Requirement 3(3)(e)

Management and staff advised new care plans, assessments, shift notes and service plans are readily available to care staff where care and services are delivered.

The Assessment Team found consumer care planning and assessment documentation was sufficiently detailed, and the information was consistent and current. A representative noted that care workers were aware of their consumer’s care needs and they did not have to repeat information or direct them about what to do. The Assessment Team found the service communicated and consulted all parties and services involved with the care of consumers and this was recorded in their care plans and progress notes.

* Based on the evidence provided, I find the service compliant in Requirement 3(3)(e).

# 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 |

Findings

The service was found non-compliant in Requirement 4(3)(a) following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that the service did not demonstrate that all consumers received safe and effective care in relation to services and supports for daily living. One consumer advised they sought additional assistance after they were discharged from hospital was denied the services due to staff limitations. The consumer then had to rely on family to travel to stay with them to assist.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirement, and the Assessment Team recommended the service met the requirement.

Requirement 4(3)(a)

Management advised the service ensures the care and supports they provide optimise consumer independence and quality of life through direct communication with consumers and/or their representatives. They conduct assessment and care planning, receive consumer feedback, and perform regular wellness checks and review care plans every 12 months.

The Assessment Team found sampled consumers and representatives confirmed the service listens to them and provides the services and supports they need, in a way that helps them to

continue to do things independently. Consumer documentation consistently outlines the consumer’s needs, goals, likes and dislikes to optimise their health, wellbeing and quality of life. The Assessment Team found the service has made changes to their assessment

and planning processes and strengthened their clinical and allied health input, thereby improving the safety and effectiveness of consumer care and services.

* Based on the evidence provided, I find the service compliant in Requirement 4(3)(a).

# 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)(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 was found non-compliant in Requirements 6(3)(a), 6(3)(c) and 6(3)(d) following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that staff could not explain how they encourage consumers to provide feedback and complaints nor was there a consistent understanding and method of triaging, logging and actioning complaints. Consumers advised they did not feel their complaints were adequately actioned, which was evidenced by lack of actions in response to and outcomes of complaints documented in the register. The Assessment Team found regular consumer feedback surveys were not conducted to enable timely care and service improvements. The last consumer survey was conducted in 2018. Management advised they reviewed complaints data at the organisational level rather than identifying trends for improvement at particular sites, reducing the likelihood of targeted care and service improvements.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirements, and the Assessment Team recommended the service met those requirements.

Requirement 6(3)(a)

Management advised consumers, representatives and others can provide feedback by telephone, email, webpage, feedback forms and directly to staff. Management said they had run customer consultation group sessions in regional service areas. Key themes from the consultations group are considered by management team. Staff have received training on

complaints handling and have access to the service’s guide on the process to follow

when issues or concerns are raised regarding staff or consumer conduct. When this occurs a Quality Support Visit (QSV) is arranged by the Home Care Team Leader. The service has a feedback and complaints policy, procedures, and flowcharts that include escalation pathways.

The Assessment Team found consumers and representatives said they understood how

to provide feedback, usually through their coordinator, when they did their visits or via

telephone. Staff advised they provide consumers with information during their initial

assessment and home visits about their right to provide feedback and suggestions, and the service’s consumer handbook contains information on how to provide feedback and complaints. The service’s contact number provides the option to complete an end of call consumer feedback survey.

Requirement 6(3)(c)

The Assessment Team found most sampled consumers and representatives said the service acts promptly to resolve their complaints and noted they are kept informed of the actions taken to address their concerns. Management and staff demonstrated an understanding of the open disclosure and described how they apply this to day-to-day operations and handling feedback and complaints. The Assessment Team reviewed documentary evidence, including an email from a case manager to a consumer that included open disclosure. Consumers and representatives were mostly satisfied that any concerns raised are actioned either to their satisfaction or they are advised of the reasons of the outcome.

Requirement 6(3)(d)

The service advised the organisation’s complaints, compliments and feedback are monitored by the Governance and Legal team. Complaints are monitored, reviewed and investigated

to identify and recommend service improvements or actions. The recommendations are considered by the internal audit and quality and safeguards committees. Feedback data and trends are reported and provided to relevant committees, management and the Board to review and improve the quality of services.

The Assessment Team found most consumers and representatives are satisfied the service listens to their feedback and makes changes, and feedback and complaints are reviewed and used to improve the quality of care and services to consumers.The service seeks regular consumer input and feedback through feedback forms and customer hub surveys. Minutes of the internal audit committee meeting, serious investigation management committee report, customer consultation group report and the service’s plan for continuous improvement demonstrated how trends from consumer feedback and complaints inform improvements in the quality of care and services.

* Based on the evidence provided, I find the service compliant in Requirements 6(3)(a), 6(3)(c) and 6(3)(d).

# 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 was found non-compliant in all requirements in Standard 7 following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that workforce planning did not effectively enable the delivery and management of safe and quality services. Extended travel times between consumers’ homes significantly reduced the time spent delivering services to less than one hour per consumer. Consumers reported the behaviours of some staff towards them were not kind, caring and respectful, and they advised they felt unsafe to raise issues due to their past experience with the workforce. Gaps in workforce competency were indicated by consumers throughout the quality audit who gave varied responses about their satisfaction with the care they had received from workers, and several reported worker behaviours that were not aligned to the service’s code of conduct training. The Assessment Team found the service unable to provide any evidence of training records/logs detailing staff training history/requirements to support its contention that staff had completed training in cultural diversity, SIRS, and code of conduct training about aged care. The service was unable to demonstrate that each staff member had completed their annual performance appraisal nor that staff performance is regularly assessed and monitored.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirements, and the Assessment Team recommended the service met those requirements.

Requirement 7(3)(a)

The service has implemented a home support intake committee to improve the effectiveness of workforce planning, consisting of management and package coordinators. The committee meets fortnightly to discuss enquires, potential new consumers, consumers rosters, identify if the service can provide staff to accept new consumers and look at growth areas to identify staffing needs. Staff allocations, upcoming leave, resignations and commencements are considered in relation to required new and existing consumer care and service needs.

The Assessment Team found, the service demonstrated workforce planning that enables the delivery and management of safe and quality care and services. The organisation’s Human

Resources (HR) recruitment policies and procedures and a workforce strategy, including a

framework to plan, attract, develop and retain staff with different skill sets

to deliver care and services across different regions. The head of in-home supports

manages recruitment processes in partnership with HR.

The Assessment Team found the rostering system showed two unfilled shifts had occurred in the previous month. Staff advised the service has added 15-minute travel time between services that enables staff to arrive on time and to deliver quality care and services to consumers. Management acknowledged staff shortages and described the

development of the workforce strategy framework that will enable the service to attract staff, including increased brand marketing, recruitment uplift project in partnership with a recruitment agency for ongoing recruitment and taking part in the migrant workforce project. The service is currently developing an enterprise agreement as a strategy to support and retain staff. The service has recruited new homecare staff in response to a consumer’s complaints about cancelled personal care shifts that were caused by limited staff availability.

Requirement 7(3)(b)

Management advised that in December 2023 to improve training compliance, the service commenced a monthly process of standing down staff who were not up to date with their mandatory training courses including two primary training modules on customer safeguarding and personal care. As a result, training compliance in both training modules rose from 70-80% to 95-98% by March 2024.

The Assessment Team found sampled consumers and representatives described staff as supportive and respectful when providing care and services. They advised communication from office staff has improved this year and consumers felt safe to voice concerns with their coordinator. This was supported by customer hub survey results. The service has a consumer safeguard policy to ensure aged care consumers feel valued, safe and heard, and a consumer safeguard procedure that guides staff to respond to breaches of human rights.

Requirement 7(3)(c)

Management advised the service had implemented a training management committee comprised of subject matter experts and executives to oversee and provide direction on training priorities, risk, program proposals and to guide and monitor the implementation of new training initiatives undertaken by the service. The committee has approved an orientation program to be delivered shortly that will include clinical units.

The Assessment Team found consumers and representatives described staff as knowledgeable, friendly and professional, and said they are confident staff are qualified and know what they are doing. The HR department advised that all relevant qualifications for staff are recorded in their individual staff folders and are monitored and managed by HR to ensure documentation is kept current and alerts are sent to staff when documentation nears expiry. Review of a staff member’s staff folder evidenced signed and dated employment contract, resume, compliance checks, position description of coordinator including responsibilities, the worker’s completed buddy shifts and quality review forms.

Requirement 7(3)(d)

The Assessment Team found training records showed 90% of personal care and support workers have completed mandatory training modules including but not limited to: Aged Care Quality Standards, Serious Incident Response Scheme (SIRS), risk management, cultural inclusion, open disclosure and Code of Conduct. The service demonstrated providing a workforce that is recruited, trained, equipped and supported to deliver the outcomes required by the standards through a training governance committee and the learning and development policy. New support workers must complete buddy shifts where they are observed by

senior staff. The service’s improved workforce recruitment strategy is detailed in Requirement 7(3)(a).

Requirement 7(3)(e)

Staff confirmed that they have monthly supervision sessions with their supervisor, that provide ongoing monitoring and review of the performance of each staff member.

The Assessment Team found performance appraisal records for the aged care in home staff showed that in 2023 the completion rate was 63.07% for ongoing staff and 21.54% for casual staff.

I note that although there is room for improvement in the percentage of completed annual performance appraisals, the service has demonstrated that it now has a system for and is tracking completions. I encourage the provider to continue to increase the number of current staff appraisals.

* Based on the evidence provided, I find the service compliant in Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e).

# 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 was found non-compliant in all requirements in Standard 8 following a Quality Audit conducted from 10 July 2023 to 13 July 2023. Findings of the Quality Audit were that overall, the service did not have a process for supporting and enabling consumers to provide feedback and engage in the evaluation of care and services. Although the service had just introduced regional customer consultation groups that were held independently of the aged care team and covered areas such as staffing, rostering, communications and management of consumer plans, they were not yet fully established. Evidence in Standards 2 and 6 of the Assessment Team report showed that consumers said they did not feel respected by staff and did not feel safe or comfortable raising their concerns with the service, yet the last consumer survey was conducted in 2018. Hence it was found that more could have been done by the governing body to promote a culture of safe, inclusive and quality care. The service was found non-compliant in the governance of information management, continuous improvement, financial governance, workforce planning, regulatory compliance and feedback and complaints. The service did not demonstrate an effective framework for determining what high impact high prevalence risks are, which consumers meet that threshold, nor a robust system for managing and preventing incidents. The service did not demonstrate an understanding of what constitutes a restrictive practice and the legislative requirements for managing and minimising restrictive practices in home care.

During the Assessment Contact conducted on 17 April 2024 to 18 April 2024, the service outlined the improvements implemented to meet the non-compliant requirements, and the Assessment Team recommended the service met those requirements.

Requirement 8(3)(a)

The service demonstrated it supports consumers to engage in the development, delivery and evaluation of care and services through the mechanisms described in Requirement 6(3)(a) including but not limited to the new customer consultation group sessions.

The Assessment Team found the customer consultation groups commenced meeting with staff in April 2024. The service advised they will meet on an ad hoc basis for discussion of specific service delivery topics. The first meeting was chaired by the executive general manager and was attended by 9 consumers with topics discussed including newsletters and improvements to the clarity of consumer invoices. Recommendations from the meeting were recorded and the service advised that as the meeting was so close to the Assessment Contact, the recommendations will be discussed at relevant departments meetings, actions responsibilities and timeframes will be added to the service’s continuous improvement plan.

Requirement 8(3)(b)

The Assessment Team found documentation that demonstrates the governing body promotes a culture of safe, inclusive quality care and services and is accountable for their delivery. Documentary evidence included monthly consumer letters with organisational updates from the board published online. The board approved the October 2023 consumer feedback survey and reviewed the draft standard operating procedure for the new rostering system evidenced in the March Board meeting minutes. In addition, Board members visit the services, and the CEO has taken part in home care shifts- experiencing first-hand the level of quality and safety of services delivered to consumers.

Requirement 8(3)(c)

**Information Management**

The Assessment Team found information security measures and controls have been implemented to ensure privacy, confidentiality of consumer information is protected, the integrity of consumer information is maintained, and availability of information is assured. The organisation has a centralised consumer information management system. Support staff advised they access consumer information through a mobile application and sub-contractor reports and updates are uploaded onto the consumer’s file on the system.

**Continuous improvement**

The Assessment Team found the service demonstrated a multidisciplinary approach to continuous improvement. There are weekly meetings attended by the general manager of in-home services, head of in-home supports, manager of compliance and accreditation and area

managers to review the continuous improvement plan and report findings to the Board. Progress against improvement actions is shared across the organisation.

**Workforce planning**

The Assessment Team found the service has effective workforce governance systems and

processes in place to recruit, develop and retain staff, and there are strategies in place to increase recruitment and retention of staff.

**Financial Governance**

The Assessment Team found the service has appointed a head of finance management

services to oversee the financial governance and develop financial controls

and reports. Area managers speak with coordinators who contact consumers with high unspent funds and they are added to the risk register for review. The service introduced internal commitment tool to ensure consumer packages cannot go into debt each month.

**Regulatory compliance**

The Assessment Team found the service has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation updates and regulatory compliance requirements. The service advised it subscribes to a governing reform newsletter, attends relevant regulatory forums, ACQSC and Department of Health and Ageing webinars, and receives the Fair Work Australia sector support monthly electronic bulletin. The service has a SharePoint page that can be accessed by all staff that provides updates on aged care reforms. The Assessment Team found the organisation has a sector support department that provides training, forums, and resources to assist services with and educate their staff in sector reforms.

**Feedback and complaints**

The Assessment Team found the service has systems and processes in place to ensure consumer and staff feedback is captured, and dealt with fairly, promptly, confidentially and without retribution. This was confirmed by policies and procedures, complaints, feedback and incident management system, staff folders, financial reports, the continuous improvement plan, meeting minutes and the monthly Board reports reviewed by the Assessment Team.

Requirement 8(3)(d)

The Assessment Team found high risk consumers are identified through initial assessment, reassessments, ongoing risk assessments, incident reporting and progress notes. The incident form and register include a comprehensive list of serious incidents and open disclosure practices and shift reporting system can identify instances of abuse, neglect, and high-risk consumers. Training records for aged care staff showed a completion rate of 92% for SIRS training in April 2024, and a completion rate of 93% for cultural awareness training.

Staff were able to explain how they support consumers to live their best life and the principles of dignity of risk

The service demonstrated it has effective systems to manage and prevent incidents. Incidents are analysed and reviewed to inform quality improvement across the organisation. The service has a multidisciplinary approach to incident management that prompts and informs review and updates to policies and procedures, staff training, risk mitigation strategies and re-assessment of consumer care and service needs and funding requirements.

Requirement 8(3)(e)

The Assessment Team found the organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance committee meets monthly to discuss clinical incidents and identifies high-risk consumers and risk trends. Clinical issues are reported to the Board and incidents are reported, trended and discussed. The organisation does not prescribe medications but tracks antibiotic use. Management and staff demonstrated awareness of the need for antimicrobial stewardship. The organisation has a restrictive practices framework to guide staff but advised they do not have any consumers identified as subject to restraint. Staff and management were able to explain open disclosure and how it is applied in their work.

* Based on the evidence provided, I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)