**Performance**

**Report**

**1800 951 822**

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| Name: | MannaCare Inc Community Services |
| Commission ID: | 300149 |
| Address: | 371 Manningham Road, DONCASTER, Victoria, 3108 |
| Activity type: | Quality Audit |
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| Performance report date: | 23 May 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: 101 MannaCare Inc.  
Service: 18861 MannaCare Inc  
Service: 18860 MannaCare Inc.  
Service: 18862 MannaCare Inc.

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7526 Manningham Centre Association Inc  
Service: 24073 Manningham Centre Association Inc - Care Relationships and Carer Support  
Service: 24074 Manningham Centre Association Inc - Community and Home Support

**This performance report**

This performance report for MannaCare Inc Community Services (**the service**) has been prepared by G Harbrow, 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 provider’s response to the assessment team’s report received 20 May 2024.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives confirmed being respected and valued as individuals. Staff demonstrated respect and their value of individuals through provision of consumer choice and dignity. Management advised staff practice is governed by the code of conduct supporting consumer dignity. The service’s staff handbook and consumer information pack contains information regarding an expectation of respect for consumer choice, dignity, and culture.

Consumers and representatives said staff understand consumers’ cultural needs and preferences, with consumers feeling supported and safe. Staff demonstrated familiarity with consumer cultural backgrounds, with some staff conversing with consumers in their preferred language. Management explained staff who can converse in languages spoken by consumers are prioritised in recruitment.

Consumers and representatives were satisfied the service supports consumers to exercise choice and independence and staff support consumers’ informed decision making. Consumer information packs include the Charter of Aged Care Rights.

Consumers and representatives confirmed consumers are supported to take risks to live their best lives. Staff described and care documentation evidenced assessment of risk, and consultation with consumers and representatives to identify and manage consumer risk and safety. The service has documents providing staff guidance regarding the management of consumer dignity of risk.

Consumers and representatives described receiving timely and easy to understand information from the service. Management and staff said, and consumer care documentation confirmed, consumers are provided written and verbal information with consideration given to consumers living with sensory impairment. The Assessment Team observed a range of information displayed around the service.

Consumers and representatives said staff were respectful of privacy and confidentiality. Staff could provide examples demonstrating consumer privacy and confidentiality is maintained. Management explained consumer information stored in the electronic information management system is password protected with information visible only to those responsible for the provision of care. Consumers and representatives are provided information about the service’s commitment to maintaining privacy and confidentiality, and the service has documents guiding staff on the service’s expectations regarding same.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives expressed satisfaction with the service’s identification and management of consumer risk. Care planning documents evidence comprehensive assessments and included identification of consumer risk to inform care plans for the delivery of safe and effective services. The service maintains a register of consumer risk and consumers identified as being vulnerable.

Consumers and their representatives confirmed the care and services received, reflects the consumer’s needs and preferences. Staff described consumer goals, needs, and preferences, and explained updated care plans are available to inform care and service provision at the point of care.

Management identified a small portion of consumers having advanced care plans and explained any information relevant to advanced care panning is documented in the consumer’s care plan. Documents confirmed discussions about advance care planning being approached with consumers.

Consumers and representatives described involvement in consumer assessment and care planning. Staff explained how they incorporate information received from others involved in the care of consumers’, to assist with assessment and care planning. Service agreements and care plans reflected consumer preference about persons the consumer wishes to be involved in their care, the type of care provided and the frequency of visits.

# 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

Requirement 3(3)(a) HCP:

The Assessment Team recommended that Requirement 3(3)(a) was not met for consumers receiving HCP services. I have come to a different conclusion. I am satisfied that the service complies with Requirement 3(3)(a). I have considered the available information in the Assessment Team Report, the responsiveness of the Approved Provider while the Assessment Team was on site, and the Approved Provider’s written response to the Assessment Team report.

The Assessment Team found the service did not demonstrate HCP consumers receive best practice care, care tailored to consumer needs or care that optimises well-being. The Assessment Team found the service was not identifying and therefore not managing restrictive practices in relation to environmental restraint with some consumers attending service-based activities unable to operate a coded keypad to enter and or exit the service. While the Assessment Team identified this as restricting consumer freedom of movement, they did not identify any individual consumer impact.

During the Quality Audit, in response to the Assessment Team’s feedback, management amended the service’s plan for continuous improvement (PCI) to include reassessment of consumers attending service-based activities, to identify and manage risk in relation to environmental restraint. A completion date was identified for 30 May 2024. Further amendments to the PCI, included the provision of restrictive practice education for all community staff members in June 2024.

The Approved Provider submitted a written response (the response), confirming a review of HCP consumers attending service-based activities with the identification of 10 consumers subject to environmental restraint. The response included examples of consumer documentation to demonstrate staff assessment of consumers used to develop individualised behaviour support plans with informed consent for environmental restraint obtained for relevant consumers attending service-based activities.

The response included staff education attendance records for education regarding restrictive practice for community care and behaviour support plans delivered May 2024, with a commitment to further education in June.

In relation to further considerations of Requirement 3(3)(a), consumers and representatives were satisfied with the personal and clinical care received. Staff described care tailored to the needs of individual consumers. They advised clinical and complex care is managed by a clinical team based on clinical assessment with consideration of risk and vulnerability to inform individual care provision. Documentation evidenced staff discuss best practice approaches to consumer care at fortnightly meetings.

Compliance with remaining Requirements:

Most consumers and representatives said they were satisfied with the service’s management of high-impact or high-prevalence risks. Staff described processes for reporting and escalation of identified consumer high impact and or high prevalence risk and explained consumers identified with high impact and or high prevalence risks are monitored weekly or daily. The service holds a register identifying vulnerable consumers with a process in place to monitor their well-being through monthly welfare checks.

While no consumers were identified as nearing end of life, staff described a process of referral to external services should end-of-life care be required. Management described a collaborative approach to end-of-life planning, identifying the involvement of the consumer and or their representative, the consumer’s medical practitioner and external palliative care services. Management said consumers are encouraged to share their advanced care plans with the service, with their choices captured in their care plan.

Consumers and representatives said staff identify and respond to consumer deterioration or changes in a timely manner. Staff could describe their responsibilities in recognising, reporting and escalation of consumer deterioration or change, according to staff role. Documentation reflected timely escalation and response to identified changes in a consumer’s health or condition.

Consumers and representatives were satisfied their condition, needs and preferences are effectively communicated within the service and with others where care is shared. Staff described how they can access care plans, receive, and provide consumer updates at point of care. Documentation evidenced appropriate sharing of information with others where consumer care is shared.

Consumers and representatives confirmed the service initiates referrals, involving relevant external health service providers as required. Staff explained the service’s referral network and described a process for internal and external referral. Documentation evidenced referrals to multidisciplinary health services, responsive to consumer needs.

Consumers and representatives were satisfied with staff measures to protect consumers from infection. Staff confirmed education regarding infection prevention and control, (IPC), had been completed and identified the use of personal protective equipment (PPE), the use of aseptic technique and awareness of antimicrobial stewardship (AMS) to minimise infection-related risks for the care of consumers. Management explained staff self-monitor for respiratory symptoms before entering consumer's homes and confirmed IPC education was included in mandatory training for staff.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives confirmed services received help to optimise consumer independence and quality of life. Staff described how they support consumers with what is important to them in their daily lives, and consumer care plans reflected consumer needs, goals, and preferences.

Consumers and representatives said consumers can choose to participate in social activities that promote their psycho-social well-being, and staff could identify and support consumers who are likely to experience low moods, confirmed by documentation in consumer care plans.

Consumers and representatives said the service assists consumers to participate in activities they enjoy. The service provides supports for social engagement with staff confirming consumer participation to optimise social engagement and independence. Care documentation reflected consumer preferences regarding social support activities and hobbies.

Consumers and representatives were satisfied staff know the individual needs and preferences of consumers, informing provide person centred care. Staff said consumer information is updated to reflect any change in consumer condition, needs, and or preference. Documentation showed communication with others responsible for consumer care, including representatives, staff, and other services.

Consumers and representatives confirmed being referred to other organisations as appropriate. Management said some consumers have been referred to cultural support groups in the community and care documentation evidenced consumer referrals to a range of supports for daily living.

Positive feedback was provided by consumer representatives regarding meals served at the centre-based social support group. Staff identified, and documentation confirmed consumers' dietary requirements are considered when making meal provisions.

Representatives confirmed equipment received from the service is assessed for safety by staff. Staff described checking of equipment before consumer use with any concerns escalated to service management. Documentation confirmed processes are in place for appropriate and timely referral of consumers regarding equipment needed to support daily living.

# 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

Requirement 5(3)(b):

The Assessment Team recommended that Requirement 5(3)(b) was not met for consumers receiving HCP services. I have come to a different conclusion. I am satisfied that the service complies with Requirement 5(3)(b). I have considered the available information in the Assessment Team Report, the responsiveness of the Approved Provider while the Assessment Team was on site, and the Approved Provider’s written response to the Assessment Team report.

The Assessment Team Report identified the service environment did not enable consumers to move freely, both indoors and outdoors with the Assessment Team identifying no consideration given to consumers unable to operate a coded keypad to enter and or exit the service, however, did not identify any individual consumer impact. During the Quality Audit, management acknowledged the Assessment Team’s feedback, responding with a commitment to remedy and identify in the service’s PCI, actions for improvement with dates due for completion identified.

The Approved Provider submitted a written response (the response), confirming updated and completed activities in its PCI, to ensure consumers can move freely, both indoors and outdoors when attending the service. The PCI and photographs indicate the keypad code displayed in large font next to the keypad, and for consumers from non-English speaking backgrounds, signage displayed next to the keypad in 4 languages, instructing visitors to the service to ask for assistance from a staff member should assistance with the keypad be required.

The response indicates an ongoing commitment for the keypad code to be provided to consumers and their representatives as part of the consumer intake process with internal auditing of the service environment scheduled for August 2024.

In relation to further considerations of Requirement 5(3)(b), consumers and representatives reported the service environment as safe, clean, well maintained, and comfortable. Staff could describe cleaning regimes, confirmed by cleaning records. The Assessment Team observed the service to be clean and well-maintained.

Compliance with remaining Requirements:

The Assessment Team observed the service environment to be welcoming, optimising consumers’ sense of belonging and facilitating consumer interaction. Consumers were observed attending and engaging with social support groups.

The Assessment Team observed furniture, fittings, and equipment to be safe, clean, well-maintained, and suitable for consumers. Staff confirmed and documents evidenced scheduled, preventative maintenance of the social support area, gymnasium, and associated equipment.

# 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

Requirement 6(3)(b):

The Assessment Team recommended that Requirement 6(3)(b) was not met for consumers receiving HCP and CHSP services. I have come to a different conclusion. I am satisfied that the service complies with Requirement 6(3)(b). I have considered the available information in the Assessment Team Report, the responsiveness of the Approved Provider while the Assessment Team was on site, and the Approved Provider’s written response to the Assessment Team report.

The Assessment Team Report indicates the service did not demonstrate consumers and representatives were made aware of or had access to advocates or language services for raising and resolving complaints. The Assessment Team found information provided to consumers commencing with the service did not contain details to enable access to advocacy services, and for consumers from non-English speaking backgrounds, the use of translator services. However, service management said they have recruited multilingual staff to provide services to consumers from non-English speaking backgrounds, with consumers providing positive feedback about the initiative. During the Quality Audit, management responded to feedback from the Assessment Team, with amendments for improvement made to the service’s PCI, to provide consumers and representatives with information regarding access to consumer advocacy and interpreter services.

The Approved Provider submitted a written response (the response), confirming completion of a review and updating of the interpreter/translation service procedure, 20 May 2024. This was shown to be supported with service wide communication via a range of media informing stakeholders of these improvements and providing relevant links for access to interpreter/translation services and resources.

The Approved Provider’s response indicated staff education on culturally inclusive care has been delivered, with a 68 percent completion rate since 2 May 2024.I Information in multiple languages, regarding access to advocacy and interpreter services has been added to the consumer welcome packs. The response included a commitment to evaluate improvements through trending of feedback and complaints by the service quality team, consumer surveys and internal audits scheduled for August 2024.

Compliance with remaining Requirements:

The service demonstrated consumers and representatives are supported to make complaints and provide feedback. Consumers and representatives described how to provide feedback and make complaints and staff explained provision of consumer support to give feedback or make a complaint through direct contact with the service. Management and staff identified avenues in place to facilitate consumer and or representative feedback. Documentation evidenced registration of consumer and or representative feedback and complaints, inclusive of resolutions.

Consumers and representatives described a service responsive to complaints and practicing open disclosure. Management and staff explained the feedback process includes apologising and the practise of open disclosure. The feedback register referenced information regarding feedback, open disclosure, and resolution. Documentation evidenced auditing of the complaints management process to ensure this aligns with the service’s policy.

Although consumers and representatives were unable to provide examples of how feedback had been used to improve the quality of care and services, management described a process of data analysis and board consideration of proposed improvements to inform the service’s PCI.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives were satisfied with staffing numbers and said staff arrived on time with adequate time scheduled to complete tasks. Consumers are contacted by the service in advance should there be any changes to a shift. Staff described adequate staff numbers with enough time allocated to support consumers safely. Management described the rostering of staff to ensure delivery of safe and quality care and services and plans to meet individual consumer package requirements. Management demonstrated effective workforce planning with an active recruitment program in anticipation of future increases in the home care program.

Consumers and representatives described staff as kind, caring and respectful. Staff descriptions of consumers were personalised and demonstrated an understanding and respect for individual consumers. Management advised allocation of staff according to consumer request and care documentation reflected consideration of consumer identity, culture, and limitations.

Consumers and representatives were confident staff have the skills to meet consumer care needs. Management described an onboarding process which determines appropriate compliance with qualification, competency, and education requirements according to role.

Staff described a recruitment and orientation process inclusive of completing competencies and mandatory training to enable delivery of outcomes required by the Quality Standards. Management identified staff in need of training and monitor completion of mandatory education relating to requirements of the Quality Standards at the commencement of employment, annually and as required to meet organisational and service requirements.

Management advised, and staff confirmed the service has a system of probationary and ongoing performance review, conducted at six months for new staff and annually for all staff thereafter. Management advised, and staff confirmed the appraisal process facilitates the identification of professional development, opportunities for structured feedback and succession planning.

# 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

Requirements 8(3)(d) and 8(3)(e):

The Assessment Team recommended that Requirements 8(3)(d) and 8(3)(e) was not met for consumers receiving HCP and CHSP services. I have come to a different conclusion. I am satisfied that the service complies with Requirement 6(3)(b). I have considered the available information in the Assessment Team Report, the responsiveness of the Approved Provider while the Assessment Team was on site, and the Approved Provider’s written response to the Assessment Team report.

The Assessment Team found the service was not supporting consumers to live their best life, or minimising the use of restraint, by not identifying, managing, and monitoring risks in relation to service based environmental restrictive practices. The Assessment Team noted the scope of the service’s restrictive practice policy was based on residential care, did not extend to community-based care and was overdue for review in September 2020. During the Quality Audit, in response to the Assessment Team's feedback, management advised and incorporated in the service PCI the reassessment of consumer risk and review of care plans with a completion date of 30 May 2024. It also added staff education on restrictive practices and behaviour support plans with a completion date of June 2024, and review of all relevant policies with a completion date of July 2024.

The Approved Provider submitted a written response (the response) evidencing completion of reassessment of consumer risks and review of care plans for consumers attending site-based activities. It had also completed a review and update of its restrictive practice policy reflective of home care and community services, development of an environmental restrictive flow chart, and implementation of a perimeter restraint self-assessment tool, all effective 14 May 2024. This was shown to be supported with service wide communication via a range of media informing stakeholders of these improvements and providing additional resources from relevant government bodies. The response included a planned review of related governance policies and procedures, including the clinical governance framework and risk management through the service’s newly implemented quality management system by July 2024. The response included a commitment to ongoing evaluation of quality outcomes by the quality and leadership teams, and internal auditing of service compliance with restrictive practice requirements with audit dates identified for July 2024.

Compliance with remaining Requirements:

Consumers and representatives said they are engaged in planning for service provision. Management seeks input from consumers and representatives through various forums including a newly established consumer advisory committee with the service’s PCI referencing input from the committee for service improvements.

Consumers and representatives said care and service provision is safe and based on consumer needs and goals. Management explained, the service’s board is responsible and accountable for the service’s performance regarding key risk areas. The board reviews reports from key quality and operational committees to inform and maintain oversight of key performance indicators.

Documentation evidenced and staff and management confirmed, effective governance systems and applications relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service identifies falls as a high-impact risk and maintains a falls and incident register. Documents indicate the service has an effective risk management system for analysing, identifying, and reporting trends to inform risk mitigation. Management described an effective process to identify and respond to abuse and or neglect of consumers. Documentation in the serious incident response scheme (SIRS) register reflected appropriate identification and reporting within required timeframes.

Consumers and representatives described, and staff confirmed staff strategies to assess and minimise infection-related risks for consumers. While the service has documented staff guidance material in relation to antimicrobial stewardship, this does not extend to provision of guidance regarding infection prevention and control (IPC), in home services. In response to the Assessment Team's feedback, management advised and the service’s PCI reflected a commitment to review the service IPC guidance material with an identified completion date of July 2024.

Staff described open disclosure as a process whereby the service identifies and apologises when things go wrong. The service has documents to guide staff practice in open disclosure, with documentation in the service’s feedback and complaints register, evidencing an open disclosure process consistent with the service’s guidance material.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)