**Performance**

**Report**

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| Name: | Masajoda Pty Ltd |
| Commission ID: | 701071 |
| Address: | Ground Fl, 601 Coronation Dr, TOOWONG, Queensland, 4006 |
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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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 5159 Masajoda Pty Ltd  
Service: 26251 Home Instead Brisbane West  
Service: 28352 Home Instead Cairns  
Service: 28353 Home Instead East & South Brisbane & Ipswich  
Service: 28336 Home Instead Perth North East  
Service: 28274 Home Instead Toowoomba -Masajoda  
Service: 28283 Sydney Inner South West

**This performance report**

This performance report has been prepared by A Cachia, 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 services it operates, 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.

# 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** |

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 | Not Applicable |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Not Applicable |
| 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 | Not Applicable |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Not Applicable |
| 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 | Not Applicable |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Not Applicable |

Findings

Consumers and their representatives said staff treat them with dignity and respect, with consumers sharing in different ways how they feel treated well by staff across all services. Staff explained how they treat consumers with dignity and respect, sharing how they understand what is important to consumers and respect consumers identity, background and preferences. Sampled consumer documentation and progress notes were recorded in a respectful manner. Documentation showed that organisational policies and procedures, including code of conduct and person-centred care, which guides staff in the provision of inclusive, safe and consumer led services.

Consumers and their representatives said they are satisfied that consumers cultural needs and background are understood by staff, which reflects culturally safe care and services by making them feel valued and culturally safe. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff advising they obtain relevant information to ensure appropriately matched staff are provided to support consumers. Documentation showed training records confirming staff training completion and policies and procedures, including cultural protocols and a cultural awareness policy demonstrating practical actions in progress.

Consumers and representatives said they are informed about their care and service options available and are encouraged to actively make decisions about their care and delivery of services. One representative advised how a consumer regularly exercises their own choice to complete their own personal care when they feel up to doing so. Staff were knowledgeable and explained how they support consumer decisions and provide options when undertaking services. Sampled consumer documentation showed staff are actively working with and involving consumers in the planning of their care and services, including examples of representatives notified of any incidents or risks identified and involved in decision around consumer’s ongoing care.

Consumers and their representatives said each consumer is supported to take risks to enable them to live the best life they can. Staff explained how they inform and assess consumers are safe and supported when they choose to take risks. Staff were knowledgeable about the dignity of risk procedure and explained how they provide information to consumers to inform decision making. Documentation showed policies and procedures that guide staff in understanding the consumer, their capacity and activity of risk they wish to undertake.

Consumers and their representatives said they are satisfied with the information they receive, which is clear and easy to understand, including an information pack and client agreement. Consumers said, and staff confirmed, consumers receive copies of their care plans and staff often refer to care plans and make notes about their services. Management explained how staff attend consumers homes to go through information in the client information pack, budgets and agreements to ensure consumers understand. Sampled consumer documentation showed consumers are provided with information at the commencement of services, including the Charter of Aged Care Rights, monthly statements and costs and fees.

Consumers and representatives said they felt their privacy was respected, and personal information remained confidential, advising they had no concerns across all services. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, by ensuring consent and privacy documentation are up to date. Staff said consumer information is predominantly kept on the electronic system, and are aware of the need to maintain confidentiality. Documentation showed policies and procedures in place including privacy, dignity and consent to release information if required.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |

Findings

Consumers and their representatives are satisfied with how services support consumers needs, which was captured through the services assessment and planning process. Staff explained the assessment and care planning process considers individual risk and informs the delivery of consumers’ care and services. Each service demonstrated current assessment and care planning, including consideration of risks to consumer’s health and well-being. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified and are documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services.

Consumers and representatives said care and services meet consumers’ needs and goals, including preferences taken into account. Consumers and representatives also discussed advanced care planning, explaining how they are aware of and have been provided the opportunity to discuss, however have not wished to provide details at this stage. Staff were knowledgeable and explained how they undertake assessments which consider consumer’s needs, goals and preferences and plan services accordingly. Staff and management explained the organisation’s process across all services for advance care planning and end of life wishes. They described how they assess details during care plan reviews or when a significant change occurs.

Consumers and representatives said they are actively involved in the decision-making process when developing or reviewing a care plan to ensure that it meets consumers’ needs. Ten representatives confirmed their involvement in assessment, care planning and ongoing care for their nominated consumer, working in partnership to best support their needs. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including home modifications and allied health services.

Consumers and representatives described the care and services they receive, with all consumers recalling being provided with a copy of the consumer care plan. Staff described how they provide services and support in alignment with the consumers care plans available on a mobile application, where all information is available to staff. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services, confirming that staff make changes to meet consumers current needs and make contact on a regular basis. Staff and management said consumers’ care and services are reassessed annually, with the involvement of consumers and their representatives or when a change in circumstances occurs. Furthermore, staff explained that they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental well-being.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not Applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Not Applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not Applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Not Applicable |

Findings

The provider has process and guidelines to ensure each consumer gets safe and effective personal, and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being.

Consumers and representatives said consumers were satisfied with the care they receive and provided examples of tailored care. Staff were able to describe the care needs and identified consumer preferences. Management explained how they employ clinical staff for clinical oversight, however not for direct care services as they subcontract out to local nursing services. Furthermore, they said they know care is safe and effective because the organisation monitors consumer’s conditions, refers consumers to external health providers when required, and receives regular feedback from consumers and care staff.

Processes and policies are in place to manage high impact or high prevalence risks associated with the care of consumers, including risk management systems to monitor, identify and manage risks relating to consumer care. Staff were knowledgeable of consumers’ risks and interventions used to manage or minimise risk of harm. Sampled consumer files and interviews with staff demonstrate effective management of high impact or high prevalence risks, including wounds, falls and skin integrity.

Consumers and their representatives said they recall the offer to discuss advanced care directives and end of life, however said they did not wish to discuss at the time. Staff said, and documentation showed staff provide information to consumers and representatives. Furthermore, staff provided examples of how they would provide services in line with the consumer wishes, with consideration to consumers cultural preferences. Documentation showed policies in place that include consumer’s needs, goals and preferences, inclusive of end-of-life care.

Consumers and their representatives said they felt confident staff know consumers well and would identify and report changes to overall health and well-being. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in consumers personal or clinical care needs. Documentation showed, and staff said deterioration in consumers’ health, cognition or physical function is recognised and responded to, in line with the organisation’s policies and procedures. Sampled care documentation identified staff recognised, reported and responded to consumer condition changes.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Staff said they communicate information about consumer’s conditions by submitting updated progress notes on the mobile application, which was sighted by the Assessment Team.

There are processes in place to ensure appropriate and timely referrals to individuals or other care and service providers. Consumers and representatives said they are satisfied with the timeliness of referral processes to allied health professionals and the care and services received. Staff said in the instance where services could not provide suitable support internally to meet the consumer’s needs, they are supported to access external support services, including allied health providers. Documentation showed referrals are made in an appropriate and timely manner.

Consumers and representatives said they felt assured by the organisation’s commitment to take measures to protect consumers from infection. Staff said, and management confirmed, they are vigilant in their adherence to hygiene practices, including use of personal protective equipment. Documentation outlined each service has effective processes in place for the prevention and control of infection including management of an infectious outbreak.

Based on this evidence, I find the provider, in relation to each service, compliant with Requirements in Standard 3, Personal care and clinical care.

# 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 | Not Applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not Applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

Consumers and their representatives said the services and supports consumers receive help them to maintain quality of life and independence. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence. Documentation showed processes are in place to identify and build services to meet consumers’ preferences and care planning documentation were written in a consumer centric way, including their interests and personal goals.

Consumers and their representatives said consumers enjoy services and supports for daily living, which promotes their emotional well-being, sharing positive feedback about feeling socially connected. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported. Documentation evidenced showed detailed information regarding consumer’s emotional, spiritual and psychological well-being.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including attending and participating in activities. One consumer shared how they attend regular physiotherapy sessions at the pool, encouraging social connection for the consumer. Staff demonstrated knowledge of consumers, including their social connections and being flexible to consumer preferences. Sampled care plans showed information on what was important to consumers, including their interests and preferred activities.

Consumers and their representatives said they were satisfied with the organisation’s communication systems in place to ensure staff know consumer needs when changes occur. Staff described how to access, update and share consumer information with those involved in consumer’s care. Sampled care documentation showed progress notes and communication with representatives and other service providers.

Consumers and their representatives said they were satisfied with the referral process and provided examples of how they have been referred to allied health professionals to access equipment and home modifications. Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Staff were knowledgeable of the referral process.

Consumers on a home care package are able to access meals through their package including meal preparation and ready-made meals. One consumer said they were satisfied with the meals they access each week to give them a break from cooking, and expressed positive feedback about the food and stated the food is of suitable quality and quantity.

Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Consumers and their representatives said they are satisfied with equipment provided, describing equipment as safe, suitable, and maintained to assist consumers in their daily lives. Staff were knowledgeable of the processes in place to ensure equipment is clean, safe and well-maintained and provided examples of how they use and monitor the safety of equipment. Sampled documentation showed equipment identified in the consumer home and progress notes sighted, including referrals for occupational therapist assessments.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements, in Standard 4 Services and supports for 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 | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Not Applicable |

Findings

The Assessment Team reported the provider demonstrated that the service environment is easy to navigate independently, optimises consumer interaction and function when consumers attend the office for monthly activities. Although the Assessment Team did not attend the service environment, the Assessment Team provided the following evidence:

* Review of photographs of each service environment location were sighted which appeared safe, accessible and well maintained. Furthermore, equipment was available to consumers who were able to navigate their way independently.
* The Assessment Team sighted evidence of environmental work health safety checks conducted by each service on a minimum annual basis.
* Management explained, consumers are transported to the service environments by care staff and noted the provider does not have buses for transportation as part of the service provided.

In coming to my finding, I have considered the information available in the Assessment Team’s report. While the Assessment Team provided an overall summary of assessment of Standard 5, I acknowledge and place weight on the provider’s overall posture demonstrated across all Standards, demonstrating evidence that at the time of my decision, the provider demonstrates the service environments are easy to understand for consumers, optimises their independence, are safe, clean and well maintained, including equipment used.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Not Applicable |
| 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 | Not Applicable |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Not Applicable |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Not Applicable |

Findings

Consumers and representatives said they feel supported, comfortable and know how to provide feedback and make complaints. Staff and management were knowledgeable of the feedback and complaints process, and said they encourage consumers and representatives by providing information to assist with providing feedback or to make a complaint. Documentation showed information about the organisation’s complaints and feedback processes available, and policies and procedures are in place to guide staff on how to support consumers.

Consumers and representatives across each service said they were aware of and have access to advocacy and language services, including external supports such as the Commission. Staff provided examples of consumers utilising external advocacy support services during the intake and onboarding process. Management was knowledgeable, and documentation showed they support consumers and representatives by providing advocacy service and complaints information in their information pack.

Consumers and representatives said they are satisfied that concerns raised are actioned to their satisfaction in a timely manner, explaining how each service keeps consumers informed throughout the process. Staff described how they escalate and record complaints regarding care and services and were knowledgeable and provided examples of how they demonstrate open disclosure. Management described the organisation’s complaints process, management systems and demonstrated appropriate action, including open disclosure of complaints.

Consumers and representatives said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Management described and provided examples of how service-wide improvements were made as a result of feedback and complaints. Documentation showed the organisation’s complaints and feedback register is tracked against sampled consumers evidenced, with trend data analysed and reported to the Board by management.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6 Feedback and complaints.

# 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 | Not Applicable |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Not Applicable |
| 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 | Not Applicable |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Not Applicable |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Not Applicable |

Findings

Consumers and representatives were satisfied with the number of staff available, advising that staff arrive on time and have enough time to complete their duties. Some consumers shared that in the instance a regular staff member is not available, the provider will consult with the consumer and offer alternate options. Staff said in different ways that they have sufficient time to complete their work effectively. Management discussed workforce planning and analysis of workforce needs, and reported recruitment strategies to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, respectful and caring and are responsive to consumers’ needs, including examples such as time of services delivered and choice in staff member attending. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences and diverse needs. Furthermore, they described what they would do in the instance they observed disrespectful behaviour and report concerns to management. Documentation showed policies and procedures supporting the organisation’s consumer-centred approach.

Consumers and representatives provided positive feedback that staff understood consumers’ needs and effectively performed their roles. Staff said they work within their responsibilities, skills and scope of practice, holding qualifications and skillset to deliver adequate service delivery to consumers. Management explained how the selection criteria and knowledge requirements and competencies for each role guides the recruitment process. Documentation showed staff compliance checks, including requests of relevant qualifications, licenses and registrations.

Consumers and representatives said they are satisfied with staff training and feel they are equipped to deliver quality care and services. Staff said the organisation provides an orientation on commencement along with mandatory training and a practical buddy support system. Management described the opportunity for further training needs are generally identified by reviewing incident and complaints reports. The Assessment Team evidenced policies and procedures to guide internal and external recruitment, and decisions are weighed against whether prospective staff are the right fit in line with the organisation’s values.

Consumers and their representatives said each service is in regular contact with consumers and they feel comfortable providing feedback on staff performance. Staff and management said systems are in place to regularly assess, monitor and review staff performance, including formal annual reviews and regular information opportunities, including team meetings and one-on-one support. Management described the process for monitoring and reviewing staff performance through annual performance reviews and explained each service use feedback from consumers and staff appraisals to inform training needs. The Assessment Team sighted performance appraisals are regularly completed with staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |
| 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 | Not Applicable |

Findings

Consumers and representatives said they are satisfied with the quality of services and are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback via surveys and other mechanisms. Management explained how they engage consumers through various mechanisms, including half yearly consumer advisory body meetings, to regularly seek input and feedback from consumers to improve care and services. Documentation showed meeting minutes from the community advisory body, and policies and procedures including feedback and continuous improvement policy.

The provider’s governing body (the Board) promotes a safe, inclusive, and quality care and are accountable for its delivery of services. Consumers and staff said they are satisfied that each service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness. Documentation showed regular meeting agendas and minutes from management and the Board, along with evidence of discussion around quality and compliance matters, internal audit results, key risk areas and continuous improvement changes.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by staff and management collaboratively to inform and distribute to the Board. Staff are kept informed of regulatory change through meetings, emails and training. Documentation evidenced demonstrated the organisation’s regular monitoring of staff licenses, training and police checks through the data management system.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks. Staff were knowledgeable and said they completed training on identifying abuse and neglect of consumers and understood the services reporting processes, including incident escalation. Management described how consumer risks are identified during the onboarding and care planning and assessment process. The Assessment Team sighted evidence of a risk management framework to address various aspects of consumer safety, with documentation and staff demonstrating how consumers are referred to clinical staff for assessment and mitigation of risks.

The organisation’s clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure, and antimicrobial stewardship. Management said across all services there are no consumers who are subject to restrictive practices. Staff and management were knowledgeable and described what processes, including completing a risk assessment and involving the consumer and/or representative, in the event restraint was necessary. Monitoring of clinical data and incidents, and feedback and complaints are undertaken to ensure consumer care is delivered in line with organisational policies and procedures and opportunities for improvement are identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements in Standard 8 Organisational governance.

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)