**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Mercy Health and Aged Care Young |
| Service address: | 7 Rogan Lane YOUNG NSW 2594 |
| Commission ID: | 200920 |
| Home Service Provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Quality Audit |
| Activity date: | 16 May 2023 to 19 May 2023 |
| Performance report date: | 13 June 2023 |

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.

**This performance report**

This performance report for Mercy Health and Aged Care Young (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**Home Care:**

* MCC - Young Community Care Program, 17650, 7 Rogan Lane, YOUNG NSW 2594
* MCC Community Aged Care Packages, 17651, 7 Rogan Lane, YOUNG NSW 2594
* Mercy Care Centre (MCC) Young CCP, 17653, 7 Rogan Lane, YOUNG NSW 2594

**CHSP:**

* Care Relationships and Carer Support, 24075, 7 Rogan Lane, YOUNG NSW 2594
* Community and Home Support, 24076, 7 Rogan Lane, YOUNG NSW 2594

# Material relied on

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

* the assessment team’s report for the Quality Audit; 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)

|  |  |
| --- | --- |
| 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 | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | **Not applicable as not all requirements have been assessed** |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives interviewed confirmed staff treated them with dignity and respect. Staff sampled demonstrated they treat consumers with dignity and respect. Staff demonstrated consumers cultural background is discussed and of significant importance during the planning process for a consumer.

Consumers and representatives advised they are supported to make choices relating to the care and services they receive. Staff demonstrated how they support consumers to make decisions. Staff mentioned ensuring that consumers had adequate information, providing them with options to choose from, letting them communicate their choice and supporting them with their decision.

Consumers and representatives advised that staff encouraged them to do as much as they can for themselves. Staff described the process of supporting consumers to take risks. They explained that the service has a process for the dignity of risk.

Consumers and representatives confirmed that they received correspondence from the service such as monthly statements/budgets, care plans, rosters, various forms and booklets. They stated that this information assisted them in making decisions about their care and services.

Staff described to the Assessment Team various ways they communicated with consumers. Staff stated that some consumers preferred having their rosters printed and sent to them and this was accommodated.

Consumers and representatives reported that they felt that their privacy was respected, and the confidentiality of their information was maintained. Staff interviewed described ways they protect consumer information.

Management stated that the systems that the service used were password-protected. Consumers were asked to sign a privacy consent form to share information with other relevant care/service providers.

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

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Consumers and Representatives provided positive feedback on assessment and care planning processes and the support and services they receive. Consumers confirmed they received an assessment that included discussions on the needs, goals, and preferences.

* Consumer A advised she was very happy with her home care workers as they assist her to the things, she is unable to do.

Staff and management interviewed were able to identify consumers’ individual needs and support and services unique to each consumer. Care advisors said they work with each consumer to come up with goals and what they would like to achieve to be safe and independent at home.

Consumers and representatives interviewed said the service had discussed end of life care planning at initial assessments and at reviews.

All staff interviewed said they have enough information to carry out care and services effectively. Management said advanced care planning is discussed with consumers at onboarding and reviews, and information is included in the consumer welcome pack.

Consumers and representatives interviewed stated that they had decided on the care and services received. All consumers and representatives reported that the service made it easy for them to be involved in the process and encouraged them to make decisions about their services.

Staff interviewed said they would talk to the care advisor if they felt a consumer needed more services or assistance and have previously done this.

Assessment and planning are effectively communicated to consumers and representatives and is documented in consumer care plans. All consumers and representatives interviewed said they were offered care planning documents.

All consumers and representatives said the care advisors go through their care plan and service agreement with them before they sign it, and they understand what services and supports they are receiving. All consumer files sighted by the Assessment Team were current, updated, and complete. Staff all stated that care plan instructions are available to them at point of care via a mobile application. For example:

* One care worker said they use a mobile app, and it has instructions and what to do, it is usually updated every 12 months or as needs change.
* Another care worker said all required information is sent through to her via the mobile app, an email, or a phone call, and she will always read it before entering a client home to look for updates.

Consumers and representatives confirmed reviews of care and services are conducted on a regular basis. Consumers and representatives said if they need to make changes to their services, they will feel comfortable to call the care advisor and discuss options. Some consumers and representatives felt they would be supported by the service to change their care and services if their needs and preferences changed in the future.

All home care workers interviewed were able to describe the review of services and said that they would look in their mobile application and shift notes for any updates, and if they were unsure, they would contact the care advisor for clarification.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumer and representatives’ feedback was positive in relation to clinical care and personal care services. The service utilises its own nursing services for clinical care. Personal care is provided by both the service and a brokered service where home care workers from the service are not available to consumers. The service demonstrated that consumers get safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being.

Staff said they assist consumers to maintain their independence by tailoring care to their needs through assisting them in personal and clinical care processes and ensuring they can do as much or as little as the consumer wants them to do. Staff said the process is always consumer-led, allowing the consumer to be a part of optimising his own health and well-being, however, ensures that the consumer’s care is tailored and best practice, which optimises their health and well-being.

Consumers and representatives were satisfied care was safe and right for the consumer and did not raise any concerns relating to the management of high prevalence or high impact risks associated with their care. The service demonstrated an understanding of high-impact or high-prevalence risks associated with the care of consumers such as falls and restrictive practices.

Staff demonstrated awareness of how to report incidents and the service has an incident register that is reviewed daily. The service uses a system called StafFISH to record incidents. Alerts were evident in consumers’ information systems, reminding staff of any potential risks or vulnerabilities that may be present in the delivery of care for each consumer.

Staff and management said consumers who are nearing the end of life are supported in a way that ensures their needs, goals and preferences are known and comfort is maintained. The service refers to medical practitioners when a need is identified. Staff discussed linking with providers of palliative care services in the community and listening to the needs and goals of consumers.

Consumers and representatives interviewed expressed their confidence that care workers could identify changes to their condition or deterioration. Staff were all able to describe to the Assessment team how they recognise and respond to deterioration in consumers. One home care worker said she knows her consumers well and when there is a change in their mood, she will try to get to the bottom of the issue by asking her consumer.

The service demonstrated information about consumers’ care is documented and communicated within the organisation and others where responsibility for care is shared. All staff interviewed said they have access to information that includes consumers' needs and preferences.

Staff said consumer details found in the mobile application are detailed and provide enough information to carry out care safely, if they are required to fill in for a staff member who is on leave, they can do this effectively with the information provided. Staff interviewed said they do not write progress notes following each visit, it will be done by the office staff if any concerns as staff are required to call the office with any concerns immediately which was corroborated by management.

The service demonstrated appropriate referrals to other health services generally occur when there is an identified consumer need. Consumers’ care planning documentation evidenced referrals, most consumers’ feedback when interviewed said that the service made referrals when their needs changed.

Staff were able to describe referral processes when asked by the Assessment Team. The service evidenced the use of nursing services and allied health, including equipment needs for consumers. Service request referrals were evidenced in consumers’ care files.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives provided feedback about how they receive services and supports that allow them to do the things they want to do, maintain their independence, and optimise their health, wellbeing, and quality of life.

Home care workers demonstrated they understand what is important to consumers and how the services and supports they deliver to consumers, help them to maintain the independence of consumers and support them to remain living at home. This information aligned with feedback from consumers. Home care workers provided examples of individual consumers’ needs and preferences and how they assist consumers in daily living.

Consumers and representatives advised they enjoy services and feel comfortable, happy, and safe with their care staff. They said staff check how they are on each visit and if they have any concerns will report this to the service coordinators. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular home care workers, which helps meet their emotional and psychological needs and improve their overall health and wellbeing.

Staff interviewed who worked with consumers knew their needs; and reported strategies, techniques, and referral processes that are used to assist these consumers when they may be feeling low and described what they do to support them. Management provided examples of the support services put in place to meet consumer’s emotional and psychological needs such as welfare checks and ensuring that human interaction is a priority with consumers.

Consumers provided feedback on the opportunities they have been given to build and maintain relationships, pursue activities of interest to them and participate in their community.

Sampled consumers’ assessment and care planning documentation contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities. Care planning documentation reflected individual emotional and psychological needs where appropriate.

Consumers and representatives were satisfied the service had good communication systems in place to ensure home care workers knew their needs and when changes occurred with their care.

Management described all information staff need is available on the mobile application, along with wellbeing documents and other documents that support continuity of care.

Consumers and representatives when asked if the service is supportive in connecting consumers with other lifestyle services and supports said, in general terms, supports are available and offered however many choose to manage this independently.

Staff could describe the process for referrals to others, including ensuring referrals are completed in consultation with the consumer. A review of care planning documents demonstrates that timely referrals have been made as appropriate.

Consumers and representatives interviewed receiving the meal services said they are happy with the meal service.

Management stated they have a choice of 2 services that provide meals for consumers. There is a large variety and consumers express their satisfaction with the quality and quantity provided. Management said they ask consumers receiving the meals for feedback informally, annually and at reviews.

Consumers, representatives and staff said they notify the service when equipment needs servicing or repair. There is no regular servicing scheduled on some items provided such as shower chairs, however, support workers review them daily and will report if anything is required in relation to servicing needs or any concerns.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not applicable | 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. | Not applicable | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Not applicable |

Findings

This standard was deemed not applicable as care and services were provided in the consumers’ homes and the service did not provide social support group activities.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives interviewed reported being informed how to provide feedback. They stated that the service gave them a booklet that had contact numbers listed and email addresses.

Staff described how they supported consumers to provide feedback. They stated that when a consumer gave them feedback or complaints, they encouraged them to speak to the office staff. If the consumers don’t feel comfortable doing that, they gained consent to speak to the office staff about the concern.

The Assessment Team sighted the service’s Consumer Feedback Policy which demonstrated that all staff were responsible for resolving concerns quickly and effectively. The policies outlined that the timeframe for resolving complaints was 35 days.

Consumers and representatives confirmed that information regarding other services and supports to assist with providing feedback and making complaints. None of the consumers interviewed had used the advocacy services as they felt comfortable speaking to the staff about any concerns.

Consumers reported being satisfied with the service’s actions in response to their complaints.

Staff interviewed explained that when they received feedback or complaints, they escalated this to the office staff. Staff then recorded this in StafFISH which then automatically notifies the manager. The complaints process was then followed which included an investigation, follow up and actions taken by the service/management.

Management explained that the service completed a monthly report, which included a section in complaints, that was provided to the National Manager of Home Care and governance committees which was sighted by the Assessment Team.

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

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives reported that most of the time staff turned up on time when expected. Consumers explained that when staff were running late or there were changes in the schedule, the service called to notify them.

Staff interviewed confirmed that they felt there was enough time to complete their work within their schedules. They explained that although they knew what is expected of them to do, they discussed with the consumers what the priorities were for the day to ensure they completed those tasks first.

Consumers and representatives confirmed that staff were kind, caring and respectful.

Management reported no feedback or complaints had been received regarding disrespectful staff behaviour.

Consumers and representatives advised they feel staff have the knowledge and are competent in their roles.

Staff interviewed explained that the service assessed their competencies for the role by looking at the key indicators in the position description and feedback from the consumers.

Staff confirmed that they underwent an induction process and buddy shifts when they commenced employment. Staff stated that there was a range of training courses that were mandatory such as infection control, workplace health and safety, manual handling, first aid and basic life support.

Consumers and representatives reported that the service asked for their feedback on care and services during annual reviews.

Staff confirmed that the service conducted annual performance appraisals. They added that they had not asked for any training that they did not receive. Staff said that feedback from consumers was also shared.

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

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

Consumers and representatives interviewed reported that they have not been asked to provide input on service improvements. They do not recall completing any satisfaction surveys.

Staff interviewed described that the service was well run, and that management was supportive.

On a broader scale, the service had a Consumer Advisory Committee. This committee provided feedback on a range of topics which included home care. They also provide feedback on printed materials to ensure that it is suitable for the audience receiving the information.

Management explained that there were 5 governance committees that supported the Board. The Board Quality, home care quality and risk, finance and audit and healthy ageing clinical governance committees ensured safe and quality care. The committees met at least 5 times per year.

In relation to:

Information Management

Staff described how various information was readily accessible from consumer-related information to learning and development training information to forms, policies, and procedures which enabled them to perform their roles effectively and efficiently. Staff added that systems were always password-protected, and they confirmed education was provided on privacy and confidentiality.

Continuous Improvement

The Assessment Team sighted the service’s Improvement Register which reflected that it identified the origin for the improvement initiative, owner, actions taken, status, date of completion and evaluation date/status.

The service demonstrated how incidents and complaints analysis and trending were used to improve the quality of care and services.

Financial Governance

Management explained that they met with the Finance manager monthly to discuss financial reports.

The Assessment Team sighted the finance report dated March 2023. This demonstrated that HCP and CHSP were included in the report. A detailed breakdown of data such as year-to-date (YTD) comparisons, direct staff cost, direct care cost, graphs on revenue, utilisation and margins, number of packages, admissions and discharges, service hours, hours per client per week, weekend hours, care management and package management.

Workforce Governance

Management confirmed that the Commission’s aged care register of banning orders was checked prior to staff onboarding.

The service demonstrated that it met this requirement through adequate oversight during recruitment, onboarding, monitoring, and performance evaluation of its workforce.

Roles and responsibilities were clearly defined in the position descriptions.

The service had a wide range of training topics available for staff online. The learning ladder outlined mandatory courses, role-related professional development courses and recommended learning.

Regulatory Compliance

Management stated that there had been no adverse findings by any other regulatory agency or oversight body in the past 12 months. They reported that they had subscriptions to industry peak bodies to ensure they kept up to date with regulatory and legislative changes.

The Assessment Team sighted staff police checks, driver’s licence, car registration, nursing registration, COVID-19 vaccinations, first aid certificates and basic life support certificates were all in date.

Feedback and Complaints

The service demonstrated that feedback and complaints were recorded, analysed, trended, and used to identify improvement opportunities. The service completed quality and safety reports monthly, which included a section on complaints and actions taken, that is discussed at the Home Care Quality, Healthy Ageing Clinical Governance Committee and Board Quality Meetings.

The Assessment Team sighted the Feedback Framework. This outlined the guiding principles in complaints management such as quality improvement, open disclosure, transparency, and accountability.

High-impact or high-prevalent risks

Staff and management stated that consumer risks were identified during assessment and planning, incidents or any change in condition. Identified risks were then assessed to assist in implementing mitigation strategies. Staff articulated that the mobile application alerted them to any consumer risks identified and they had to acknowledge this alert before being able to progress to the next page.

Management reported that falls were its key risk area for consumers. The Assessment Team sighted falls risk assessment and other clinical assessments conducted by the Registered Nurse.

Identifying and responding to abuse and neglect

Staff confirmed that training on elder abuse was mandatory for their role.

The Assessment Team sighted the following:

* training register that demonstrated that the staff had completed this training module.
* Home Care Team Handbook which had a section on elder abuse. This detailed the different types of abuse, signs and symptoms to look for, and procedures to follow when an incident or suspected abuse occurs.
* Incident Reporting Policy that provided guidance on the identification, documentation, reporting and investigation of incidents which included abuse and neglect. This also ensured that mandatory reporting obligations were met.

Supporting consumers to live the best life they can

Staff and management provided examples of how the service supported consumers to live their best life.

Incident management

Staff interviewed stated that incidents were reported to the office by phone as soon as possible and they went to the office to complete documentation at the end of the shift.

Management reported that the incident management system (StafFISH) was used to record feedback, incidents and hazard. They added that incidents were reported to the Home Care Quality and Risk Committee and the Board Quality Committee.

The service demonstrated effective clinical governance framework had been implemented. The framework identified clear roles and responsibilities for supporting quality of care at each level of the organisation. The service also demonstrated that there was a clear reporting pathway of governance from the home care management team to the Board.

Based on the information summarised above, I find the service compliant with all 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)