**Performance**

**Report**

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| Name: | Moonta Health Home Services |
| Commission ID: | 600640 |
| Address: | Hospital 5-8 Majors Road, MOONTA, South Australia, 5558 |
| Activity type: | Quality Audit |
| Activity date: | 9 January 2024 to 10 January 2024 |
| Performance report date: | 19 February 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: 1540 Moonta Health & Aged Care Services Inc  
Service: 26498 Parkview Community Care

**This performance report**

This performance report for Moonta Health Home Services (**the service**) has been prepared by A. Kasyan, 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 01 February 2024; and
* the provider’s response to request to provide information required for performance assessment received 27 October 2023.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2 requirements (3)(d) and (3)(e)**

* Ensure outcomes of assessment and planning are consistently documented in consumer care plans, specifically where services are subcontracted to meet the needs of consumers.
* Establish and implement processes to ensure regular review of effectiveness of care and services that are subcontracted. Ensure subcontracted care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

**Standard 4 requirement (3)(d)**

* Ensure information about the consumer’s condition, needs and preferences is effectively communicated with others where responsibility for care is shared.

**Standard 8 requirement (3)(c)**

* Ensure policies and procedures to guide staff practice are up-to-date and relevant to the home care environment.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The assessment team recommended all requirements in Standard 1 met.

Consumers said staff always treat them with dignity and respect, such as by involving them in decision-making, honouring their choices and respecting their culture and identity. They confirmed care and services are designed around their needs and delivered in a culturally safe manner. Consumers interviewed confirmed they are supported to exercise choice and independence and said staff listen to and respect their choices, such as what services they receive and how they are delivered.

Consumers said they are supported to make connections and maintain relationships and they are provided with information that is current, accurate and timely, is easy to understand and enables them to exercise choice.

Staff were familiar with consumers’ backgrounds and described strategies which help maintain their identity, culture and diversity. Staff are supported to understand how to deliver care and services in a respectful and culturally safe manner.

All consumers’ personal information is kept confidential, and staff are provided with information about privacy and confidentiality at induction and at ongoing training sessions. Consumers said staff respect their privacy and confidentiality is maintained at all times. The organisation has policies and procedures to guide staff in their approach around privacy and confidentiality. Computers are password protected with staff members having restricted access to information in accordance with their role.

Care planning documentation showed consumers’ identity, culture and values are established on admission and care and services are adjusted accordingly. Care documentation showed staff identify activities consumers choose to undertake with an element of risk and management strategies are identified through assessment processes.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 1 compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 |
| 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 |
| 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 |
| 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. | Not 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. | Not Compliant |

Findings

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met. The assessment team found outcomes of assessment and planning are communicated to the consumer, and the care and services provided internally by the service are documented in a care and services plan which is readily available to the consumer. However, where services are subcontracted to meet the needs of consumers, these services and supports are not documented in consumer care plans which was evident in reviewed consumers’ files.

In its response to the assessment team’s report, the provider states they have contacted all consumers who receive brokered services and updated their care plans. The service contacted all contractors providing brokered services to inform them of new processes that are being implemented to improve documentation of brokered care and services.

I have considered the information provided by the assessment team and the provider and I find, whilst the provider asserts they have updated care plans for all consumers receiving brokered services, there was no evidence presented in its response to confirm the completion and inclusion of brokered care and services in the care plans.

In relation to documenting outcomes of assessment and planning where care and services are subcontracted out, I note the provider’s statement that they have commenced a new process; however, it requires monitoring and time to establish efficacy.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as while there is a process to review care and services regularly and when required for internally provided services, the service did not have a process to review effectiveness of care and services that are subcontracted out. Sampled consumers’ files confirmed there have been no reviews of the care and services that are subcontracted.

In its response to the assessment team’s report, the provider included a list of actions that have been taken to ensure timely and appropriate review of the effectiveness of care and services that are subcontracted. These actions include updating a Coordinator Review Form to ensure the contractor is contacted at each scheduled review to discuss services, consumer level of satisfaction or any issues encountered and asking all registered subcontractors to provide a statement of the services and supports to be included when sending in invoices.

I have considered the information provided by the assessment team and the provider and I find the provider has not established effective systems and processes to ensure subcontracted 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. Whilst the provider in its response provided descriptions of actions they have taken in response to the assessment team’s findings, these require monitoring and time to establish efficacy.

For the reasons detailed above, I find requirement (3) (e) non-compliant.

**Requirements (3)(a), (3)(b) and (3)(c)**

The service has established processes to ensure comprehensive assessment and planning is undertaken on commencement of services with consumers and representatives and others the consumer wishes to involve in assessment, planning and review of their care and services. Documentation showed consumers’ needs and risks are assessed at commencement of service and these assessments inform the delivery of safe care and services.

Consumers and representatives confirmed assessment and planning identified consumers’ current care and service needs, goals and preferences. Care documentation showed consumers' needs, goals and preferences had been discussed with consumers and documented, including in relation to end of life and advance care directives.

Consumers confirmed they are involved in discussions and decisions in relation to the care and services provided, including respite care, social support, transport services and domestic assistance. Care documentation showed consumers and representatives, health professionals or external providers, are involved in the assessment and planning of a consumer’s care and services.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 2 compliant. Not all requirements in this Standard are compliant, as such the overall Standard rating is not compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The assessment team recommended all requirements in Standard 3 met.

Consumers said they are satisfied with the personal and clinical care provided by the service and considered care to be tailored to their needs. They were satisfied with how information about their needs and preferences is communicated to staff.

Staff were knowledgeable of consumers’ personal and clinical care needs and could detail how they ensure care is person centred. Examples provided included respecting preferences for personal care to be delivered at a certain time and providing safe and effective wound care. Staff described how they would respond to support the needs, goals and preferences of consumers nearing the end of life.

Staff were knowledgeable about consumers’ individual risks, such as falls risk and mismanagement of medications, and documentation showed interventions have been effective at reducing the risks. Timely identification and response to a change in condition was evident in all sampled consumer care documentation. Care documentation confirmed staff had recognised changes and responded to deterioration in consumers’ capacity and condition in a timely manner.

Consumers have access to visiting health practitioners, including a general practitioner, physiotherapist, podiatrist, wound specialist and occupational therapist, to whom referrals are sent in a timely manner. Staff confirmed they are provided with sufficient, timely and up-to-date information to enable safe delivery of care and services through the care plans and communication tools.

The service has effective systems to minimise infection related risk. Staff receive education on hand hygiene, infection control and outbreak management. An information session regarding antimicrobial stewardship has been organised for April 2024 at a consumer meeting, where information will be discussed and provided to consumers for their awareness.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 3 compliant.

# Standard 4

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

Findings

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as whilst information about the consumer’s condition, needs and preferences is communicated within the organisation, it is not always communicated with others where responsibility for care is shared. Care planning documentation showed consumers receiving care at a day respite centre did not have current care plans. When consumers’ condition, needs and preferences changed, this information had not been accurately communicated to staff at the respite centre, including through updates to consumers’ care records. Care documentation did not demonstrate effective communication with external providers to ensure the consumer’s needs are documented and reviewed, in particular around gardening and social support services that are brokered.

In its response to the assessment team’s report, the provider stated they have since undertaken some immediate actions and are in the process of implementing improvement actions to address the abovementioned deficiencies. The provider stated they will ensure respite care plans are reviewed at each coordinator review or when required and a physical copy will be reprinted and provided to staff at the respite centre. They will ensure each support worker provides clear documentation of activities provided and consumers’ response to respite program via weekly notes. Lastly, brokered service providers are now required to give feedback via invoices or other preferred methods as negotiated with each contractor and will be contacted at each coordinator review to discuss services.

I have considered the information provided by the assessment team and the provider, and I find the provider has not established effective systems and processes to ensure information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared. Whilst the provider in its response described actions proposed and that have been taken in response to the assessment team’s findings, there was no evidence presented in its response to confirm this advice. I have also considered that these actions completed or planned require monitoring and time to establish efficacy.

In coming to my finding, I have also considered the service’s incident records from December 2022 to October 2023 received by the Commission on 27 October 2023 in response to a request to provide information required for performance assessment which was sent to the provider on 18 October 2023. A review of the incident records showed in May 2023, during the medical emergency in the respite care centre, it was identified that medical information was not accessible to staff for consumers receiving services at the respite centre. Whilst the incident report showed immediate actions had been taken, consumers’ medical information was updated and the incident was closed, the assessment team’s findings in January 2024 showed that since May 2023, the service has not implemented robust processes to ensure compliance with this requirement resulting in ongoing deficiencies in effective communication of information about the consumer’s condition, needs and preferences with others where responsibility for care is shared.

For the reasons detailed above, I find requirement (3)(d) non-compliant.

**Requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g)**

Consumers receive the services that support their daily living and optimises their independence, health, and quality of life, including domestic assistance, gardening, social support and transport. Staff know what is important to consumers and described how they adapt services according to consumers’ needs and preferences.

Staff described how the service supports consumers’ emotional, spiritual, and psychological well-being and this are reviewed regularly. Consumers are referred to external service providers for specialist mental health support to meet their needs.

Consumers said in-community services enable them to do things of interest and maintain social relationships, such as going shopping, respite services and social groups. Staff support consumers to access and participate in their community and initiate referrals to the appropriate service providers to ensure consumers’ goals and preferences are met.

Consumers advised they enjoyed the food, and staff described how they meet consumers’ preferences in relation to food through brokered services. Documentation showed consumers’ preferences, needs and risks associated with diet and nutrition are considered and communicated effectively to the brokered service provider.

Consumers confirmed they have equipment they need, and staff maintain the equipment in a clean and working condition. Staff confirmed they have access to sufficient equipment to ensure consumers can participate in the lifestyle program and maintain their independence.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements (3)(a), (3)(b), (3)(c), (3)(e), (3)(f) and (3)(g) in Standard 4 compliant. Not all requirements in this Standard are compliant, as such the overall Standard rating is not compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The assessment team recommended all requirements in Standard 5 met.

The service provides day respite once a week within the attached residential aged care service. Consumers have access to both indoor and outdoor areas within the day respite facility. Management advised the maintenance of the day respite centre is provided through the residential aged care service, and there are processes to report hazards and additional cleaning. The service environment was clean, safe and comfortable. Consumers’ sense of belonging, independence, interaction and function is optimised through staff facilitating opportunities for social interaction and engagement, creating comfortable and familiar atmosphere and providing emotional support to consumers.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Systems and processes have been implemented to ensure its ongoing upkeep.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 5 compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The assessment team recommended all requirements in Standard 6 met.

Documentation showed consumers are provided with information on how to make a complaint, both within and external to the organisation, and contact information on advocacy and translator services. Consumers confirmed they feel comfortable speaking with management and staff if they have any concerns.

Staff demonstrated understanding of the feedback and complaints process and confirmed ways in which they support consumers in doing so by raising issues with management. Consumers and their families have opportunities to provide feedback during care planning reviews, via QR codes and feedback forms.

Management described how they foster relationships of open communication with consumers and representatives and practice open disclosure when things go wrong. Consumers said they are satisfied with how the service actions their complaints and maintains open communication during the resolution process. The feedback register showed consumer feedback and complaints are recorded and actioned in a timely manner.

The organisation has systems and processes to monitor feedback and use it to improve quality of care and services. Consumers provided positive comments acknowledging specific improvements and/or changes made in response to previous feedback or complaints.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 6 compliant.

# Standard 7

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| Human resources | | HCP |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The assessment team recommended all requirements in Standard 7 met.

Workforce planning documentation, including rosters and records of unfilled shifts, demonstrated the service has sufficient staff to attend to consumers’ care and provides services in line with their assessed needs, goals and preferences. Consumers were satisfied there were enough staff to ensure they were well cared for. They expressed their confidence in staff skills and knowledge by describing them as qualified, well trained and able to provide safe care and services.

Consumers said staff interactions with them are kind and caring, and staff were observed interacting with consumers in a respectful and kind manner. Management advised staff are required to adhere to a code of conduct and described actions the organisation will take when a breach of the code occurs. Staff receive training in how to provide person centred care, infection prevention and control, management of unexpected deterioration, the Serious Incident Response Scheme (SIRS), minimising restrictive practices, falls management, open disclosure, elder abuse, fire safety, food services and manual handling.

The service ensures its workforce is competent and have the qualifications and knowledge to effectively perform their roles, including through checking staff have required qualifications, ongoing mandatory competency assessments, such as orientation process, ongoing training, and buddy shifts with experienced staff. Staff competency is monitored through direct observation, feedback from consumers and other staff, training/skills competency and staff performance appraisals.

Management described how they monitor and review each staff’s performance through probation reviews, annual appraisals and monitoring of performance via feedback, incidents and feedback and complaints mechanism. Staff confirmed there is a performance review process which includes annual appraisals. Staff expressed satisfaction with how they trained, equipped and supported to deliver safe and effective care and services and perform their duties and responsibilities.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 7 compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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. | Not 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 |
| 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 |

Findings

**Requirement (3)(c)**

The assessment team recommended requirement (3)(c) not met. The assessment team found the service has effective systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, organisation wide governance systems relating to information management were not effective.

Policies and procedures were not always up to date, referred to residential care environment and were not tailored to the home service’s environment, including in relation to legislative obligations to report incidents in accordance with SIRS, falls management and Missing Resident policy. Whilst the service advised they had scheduled an appointment with an external compliance organisation to discuss purchase and implementation of suite of policies and procedures for their Home Service and tailoring policies and procedures to Home Services, it was not implemented and was included on the plan for continuous improvement during the quality audit.

The provider responded to the assessment team’s report by stating they have purchased a Home Care Policy package and are in the process of implementing new policies and procedures.

I have considered the information provided by the assessment team and the provider, and I find the provider has not established effective organisation wide governance systems relating to information management. This is evidenced by lack of up-to-date, relevant to home care environment policies and procedures to guide staff practice on contemporary regulatory requirements and best practice documents. I have also considered my findings in Standard 4 requirement (3)(d) relevant to this requirement which showed the provider has not established effective systems and processes to ensure information about the consumer’s condition, needs and preferences is communicated with others where responsibility for care is shared.

For the reasons detailed above, I find requirement (3)(c) non-compliant.

**Requirements (3)(a), (3)(b), (3)(d) and (3)(e)**

Consumers can provide input into care and services and do so via feedback mechanisms, including verbally through direct contact with management. A Consumer Advisory Body has been established with the first meeting being scheduled in April 2024. Consumers and representatives said the service is well run and they are supported to actively participate in planning care and services via scheduled reviews, feedback forms and direct contact with coordinators and management.

The organisation has systems in place, including reporting mechanisms to the board to ensure a culture of safe, inclusive, and quality care and services. The board ensures the organisation has structures in place for following up and reporting on issues relating to clinical care, incident reporting, including SIRS and complaints.

There is an effective system in place to assist in managing high impact high prevalence risks. Clinical incident data is collected and analysed, a clinical risk register is in place and various clinical and clinical governance meetings are held regularly. There is an effective incident management system to ensure the service identify, record, escalate, report, monitor and review all clinical incidents, and incidents reportable under the SIRS. Staff showed awareness of their responsibilities and described how they are required to report all incidents in line with the policies and procedures.

The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Management demonstrated understanding of these concepts and explained how they were applied in practice. They described they practice open disclosure by conducting investigations and incident reviews and being open and transparent.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8 compliant. Not all requirements in this Standard are compliant, as such the overall Standard rating is not compliant.

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)