**Performance**

**Report**

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| Name of service: | Morrissey Homestead Inc. |
| Service address: | 123 South Western Highway BUNBURY WA 6230 |
| Commission ID: | 500235 |
| Home Service Provider: | Morrissey Homestead Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 29 May 2023 to 31 May 2023 |
| Performance report date: | 28 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 Morrissey Homestead Inc. (**the service**) has been prepared by F.Nguyen, 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:**

* Morrissey Homestead Inc., 26525, 123 South Western Highway, BUNBURY WA 6230

**CHSP:**

* Community and Home Support, 27160, 123 South Western Highway, BUNBURY WA 6230
* Care Relationships and Carer Support, 27161, 123 South Western Highway, BUNBURY WA 6230

# 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)

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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 | **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)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is treated with dignity and respect with their identity, culture and diversity valued. All staff interviewed consistently spoke of consumers in a respectful way and were able to describe what was important to consumers they individually support and what it meant to treat consumers with dignity and respect. Consumers/representatives interviewed said that they are treated respectfully by staff and were never made to feel unimportant.

The service was able to demonstrate that care and services provided are culturally safe. Consumers confirm staff consider and support their cultural needs and preferences when providing care. Care planning documents contain information about consumers’ cultural needs. Staff are trained to provide culturally safe care. All consumers/representatives interviewed advised staff know them and what is important to them.

The service demonstrated each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Staff interviewed discussed promoting choice and independence to consumers and were able to provide examples. Choice and decision making are discussed as part of consumer onboarding/review processes and documented. All consumers/representatives said the service supports and involves them in making decisions about their care and services.

The service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Support workers described how they support consumers to take risks and to do things that are important to them. Consumers/representatives described ways the care and services provided supports them to take risks and live their best life.

The service demonstrated information is provided to each consumer which is current, accurate and timely. All consumers/representatives interviewed said they are provided with timely information and are supported to understand the information, enabling them to exercise choice.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Staff and management were able to describe how consumer privacy and confidentiality is respected. All consumers/representatives interviewed did not raise any concerns about their information being kept confidential.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team demonstrated that the service has an assessment and care planning process. Assessment information is used to develop a support plan in partnership with the consumer and/or their representative. The information outlined in the support plan guides staff in the provision of safe and effective care and services. All consumers/representatives interviewed said the care and services available through HCP or CHSP is discussed with them prior to the commencement of the service including the consumers’ needs and preferences.

The service demonstrated that it has processes to support the identification of consumer-centred specific goals and preferences. Management advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. Consumers/representatives confirmed services are well planned to meet their needs.

The service demonstrated that it involves the consumer and, as appropriate, their representatives, in the planning of the care and services to be provided to consumers. The service has processes in place to support consumers to access external service providers and to protect privacy when sharing consumer’s goals and preferences. All consumers interviewed reported they have had an opportunity to meet with their liaison officer to discuss their specific needs and preferences including how specific services are delivered to them.

The service was able to demonstrate the outcome of the assessment and support planning processes are communicated to consumers and documented in their support plans to staff to effectively deliver care and services. All consumers/representatives interviewed said their support plans are discussed and agreed upon prior to the commencement of services. Consumers advised they have access to the support plan provided by the service in their home.

The service demonstrated processes are in place to ensure support plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. Consumers/representatives interviewed stated the service regularly reviews and supports them when their needs change.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer receives safe and effective personal care and clinical care which is tailored to their needs and optimises their health and well- being. The service demonstrated through review of consumer care documentation it is using best practice assessment and strategies to support consumers to have safe and effective personal and clinical care. Consumers/representatives interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service was able to demonstrate that it effectively manages high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist staff to manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Consumers/representatives interviewed said the service effectively manages high-impact and high-prevalence risks associated with the provision of care and services.

The service demonstrated that consumers are provided an opportunity to share their needs, goals and preferences nearing the end of their life, maintaining each consumers’ dignity and comfort with respect to their cultural preferences. The service currently does not deliver direct end of life care services to consumers but collaborate with external specialised palliative care providers such as Silver Chain who provide end of life care when required at home whilst being supported by the service in providing personal care needs to the consumers.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers/representatives advised there is regular contact from the manager who encourages them to discuss any changes in their care or service needs.

The service demonstrated communication systems are available to the workforce to assist them to provide and coordinate care that respects the consumer’s choices ensuring safe, effective, and consistent care is provided. Support plans are updated regularly, and all staff have access to information relevant to their role. Consumers/representatives said they feel that their needs, and preferences are effectively communicated between staff. Consumers advised as they have consistent and regular staff who know them very well.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff described processes to refer consumers for allied health services and additional services through the documented referral process. Consumers/representatives interviewed confirmed there are timely referrals to allied health professionals.

The service was able to demonstrate the minimisation of infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Staff and management advised that personal protective equipment (PPE) is available to all staff, training has been completed in COVID-19 prevention and staff are supported by policy and procedures. Additional training, sessions and individual education has been provided for all staff including the donning and doffing of personal protective equipment.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not applicable |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers get safe and effective services and support for daily living that meet the consumers’ needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumers confirmed they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences.

The service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing. Consumers interviewed said staff know them and provide them with appropriate support where required or observed.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers interviewed confirmed they are satisfied they are able to do things that interest them, maintain social and personal relationships, and participate in activities within and outside of the service.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and ensure that information shared is kept private and confidential. Consumers/representatives interviewed confirmed they are involved in discussions about their preferences and where information is shared with others.

The service demonstrated there are timely referrals to individuals, other organisations and providers of care and services. Consumers/representatives are satisfied with the services and supports delivered by those the consumer has been referred to. Consumers/representatives interviewed said that when referrals were required to other organisations, the service was able to provide support, advice and actioned referrals in a timely manner.

The service demonstrated where equipment is provided it is safe, suitable, clean and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Staff interviewed advised they would report any equipment maintenance concerns to the office and document in progress notes.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the CHSP funded social support group and centre-based respite service environment based in Glen Iris, Western Australia is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Observations and interviews confirmed the environment is easy to navigate and understand, with directional signs in place to support navigation for consumers and visitors. All day centre-based consumers interviewed advised they enjoy attending the day centre. Consumers consistently commented on how staff always made them feel welcome and provided choice of activities to do and supported their needs as required.

The service environment was observed to be clean, safe and well maintained. Outdoor areas have level pathways for access and sitting areas that are well-maintained. Consumers were observed to move around freely indoors as well as outdoors. All day-centre based consumers interviewed advised they felt the day centre was safe, well maintained, comfortable and clean. Consumers confirmed staff were readily available to assist to open sliding doors if consumers required access back into entrance hallway.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. All day-centre based consumers interviewed advised furniture, fittings and equipment used are safe, clean, well maintained, and suitable for their needs.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are supported to provide feedback and make complaints. Consumers/representatives confirmed they have been provided with information and ways to provide feedback. Staff and management described how they encourage and support consumers to provide feedback and make complaints. All consumers/representatives interviewed advised they knew how to provide feedback/make a complaint to the service and stated they would raise concerns either by speaking directly to floor staff and management located in the day centre or ring and speak to office staff.

The service was able to demonstrate consumers are made aware of, and have access to, advocates and language services for raising and resolving complaints. Management demonstrated where required consumers/representatives can be supported with language and other specialist services. All consumers/representatives interviewed said they felt comfortable to provide feedback and raise concerns to the service.

The service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. Consumers/representatives interviewed said their concerns were responded to in a timely manner. Management described and provided documentation showing how they address consumers’ feedback and complaints. Consumers/representatives interviewed confirmed when they had provided feedback, they were satisfied with the actions taken to resolve their concerns.

The service demonstrated feedback and complaints are reviewed and are used to improve the quality of care and services. Consumers/representatives described how feedback provided has improved their services. Management was able to provide examples on how feedback gathered had been used for continuous improvement of the service. Consumers/representatives interviewed who said they had provided feedback/made a complaint to the service, were happy with changes made to improve the quality of care provided.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is planned to enable the delivery and management of safe and quality services. Consumers felt services are delivered as planned and receive continuity of services. All consumers/representatives interviewed said services are consistently delivered by support workers who know their needs and preferences and turn up on time as scheduled.

The service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers/representatives interviewed said staff are always friendly, kind, and respectful.

The service was able to demonstrate the workforce are competent and have the skills and knowledge to effectively perform their roles. Consumers/representatives interviewed confirmed all staff involved in their care have the skills and knowledge to effectively perform their roles. Staff interviewed spoke of how the service assesses their competency through passing on feedback from consumers about their performance.

The service was able to demonstrate the workforce are recruited, trained, equipped and supported to deliver the outcomes required by these standards. All consumers/representatives interviewed said they felt support workers are well trained and equipped to deliver services. All support workers interviewed expressed satisfaction with training provided and felt well supported.

The service was able to demonstrate regular monitoring and review of the performance of its workforce members. Consumers/representatives interviewed advised the service request feedback on staff that deliver care and services on a regular ad hoc basis as well as during reviews. Support workers advised they are provided regular feedback on their performance by management and were able to seek help if required.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of their care and services and are supported in that engagement. Consumers/representatives interviewed advised they have verbal input on how services are provided. The service seeks their feedback regularly, they also have monthly newsletters used as an invitation that engages them to have input in the evaluation of service delivery.

The service demonstrated that the governing body oversees the organisation in a manner that promotes a culture of safe, inclusive and quality care. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Staff said they worked in a supportive environment that requires them to follow safe practices when providing services. Management discussed how communication from the organisation is disseminated to all staff, volunteers, consumers, representatives, and other stakeholders.

The service demonstrated that it has effective governance and organisational systems in all key areas of operation, including information management, continuous improvement and regulatory compliance.

Information Management:

Staff have access to the information they need to effectively perform their roles. All consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role.

Continuous Improvement:

The service uses a continuous improvement plan that clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and outcomes.

Financial Governance:

Management advised that unspent funds are monitored, and the service actively engages with consumers who have unspent funds to encourage them to access the care and services they have been assessed as needing. Monthly statements provided to consumers were noted to identify the Commonwealth portion of provider-held funds, the care recipient portion of provider-held funds, and the home care account balance, as required.

Workforce Governance:

The service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce are supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce are competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

Regulatory Compliance:

Management advised that they are informed about regulatory reform through email subscriptions, information and training provided by various organisations, including the Commission and the Aged & Community Care Providers Association (ACCPA). Documentation review showed that matters relevant to recent regulatory reform were discussed at Board meetings with associated actions entered on the continuous improvement plan of the service.

Feedback And Complaints:

The service has effective and proactive feedback and complaints processes to encourage and support consumers to provide feedback and make complaints. Feedback and complaints are captured in the service complaints register, which allows the service to effectively analyse and trend the feedback and complaints.

The service was able to demonstrate effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

Managing High-Impact or High-Prevalence Risks:

The service has processes to identify risk with consumers and could demonstrate that consumer risk assessments are undertaken, and risks managed. Management demonstrated knowledge and understanding of individual consumer’s risks and vulnerabilities and a vulnerable client matrix has been implemented and monitored.

Identifying and Responding to Abuse and Neglect:

All staff interviewed were able to describe what elder abuse and neglect can look like and said they would report to the service. Staff confirmed they have been provided education on elder abuse and how this might be observed or suspected in their role at the service.

Supporting Consumers to Live the Best Life They Can:

The service has an assessment and care planning process which works in partnership with the consumer/representatives to identify ways to support the consumer to make informed choices, and take risks if they wish, to live their best life.

Incident Management Systems:

The service has an incident management system. Review of incidents showed there are timely reporting, investigation, and actions taken to prevent or reduce the likelihood of the incident reoccurring for each consumer. Incident management processes are reviewed weekly at team meetings and trends are analysed monthly and discussed at continuous improvement team meetings to consider what actions can be taken to minimise risks.

While the service only provides medication prompts to consumers, the service does not have a clinical governance framework in place. Management advised they would work on a framework to reflect the organisations practice and processes to ensure open disclosure, minimising restraint and antimicrobial stewardship are incorporated into the governance framework.

Antimicrobial Stewardship and Restrictive Practices:

The service does not have a standalone antimicrobial stewardship policy, but briefly captures it in the service’s infection prevention control policy. Management advised that ongoing discussions are made with consumers to provide awareness and understanding of their role to make informed choices on appropriate antibiotic use. Staff were able to describe what restraint might look like in a community setting. Staff were able to say they did not have any consumers currently who had a restraint in place or where they considered there was a restraint. The service has a minimising the use of restraint policy.

Open Disclosure:

Management said they apply an open disclosure process in the resolution of complaints and incidents and this information is discussed with the staff on orientation and at the regular training sessions throughout the year. Staff were able to describe how they use open disclosure if something goes wrong and the processes that guides their approach. The service does not have a standalone open disclosure policy but embedded in its feedback and complaint policy, management advised that this has been added as part of the service continuous improvement plan.

On balance, the Decision Maker finds Requirement 8(3)(e) met.

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)