**Performance**

**Report**

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| Name of service: | My Flex Health - Perth Home Care |
| Service address: | 27 Brewer Street PERTH WA 6000 |
| Commission ID: | 500236 |
| Home Service Provider: | My Flex Health Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 6 July 2023 to 10 July 2023 |
| Performance report date: | 31 August 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 My Flex Health - Perth Home Care (**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:**

* My Flex Health Services Pty Ltd, 26340, 27 Brewer Street, PERTH WA 6000

# 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** |
| **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.

# 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 service demonstrated that each consumer is treated respectfully and with consideration for their identity, culture, and diversity. Consumers/representatives said that they felt respected by the staff who provide their personal care services. Staff spoke of how every consumer has different backgrounds and beliefs and how important it is to treat them with respect, even if staff do not share their views. Staff talked about how they treat consumers with dignity when providing personal care, with examples such as covering consumers with towels and closing doors. Care documentation was noted to include information about the background and values of each consumer. Information provided to consumers and staff were noted to emphasise the organisation’s values that include ‘respect for the individual’s beliefs and culture’.

The service demonstrated that care and services are culturally safe. Consumers/ representatives interviewed said they did not have any cultural needs but said they felt safe when receiving care. Management talked about the importance the organisation places on cultural safety, and how management takes a no-tolerance approach to staff who do not respect professional boundaries. They also talked about how they try to accommodate consumer’s preferences, especially their staff preferences. Policies and procedures were noted to be in place and explained what cultural safety is, and the importance of ensuring consumers feel safe, physically, mentally, and spiritually.

The service demonstrated that each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Consumers/representatives interviewed talked about the decisions the consumers make by themselves and the decisions that their families help them with. Consumers/representatives also talked about how the service helps them to maintain relationships that are important to them. Coordinators talked about how they ensure consumers decide how they want their care and services delivered and involve people who will help them with their decision making. Care planning documentation evidenced to include detailed instructions about each consumer’s preferences for the care they receive and the way in which services are provided.

The service demonstrated that each consumer is supported to make their own decisions even when those decisions involve risk. Staff and management provided examples of when they identify risk, they have discussions with consumers/ representatives and suggest safe approaches for the consumer. If the consumer/representative insists on taking risks, they honour their choices. Policies and procedures are in place to ensure that consumers are supported when they want to take risks against advice.

The service demonstrated that each consumer is provided with current, accurate and timely information that is easy to understand and enables them to exercise choice. Management described how the organisation gives talks and provides written information to community groups and individuals to help older people understand and navigate the various services and supports that are available to them. Consumers said they always receive their monthly statements on time and understand them. Management said that if there is any information about changes that affect consumers, or if they are conducting a survey, they send written material with the consumer’s monthly statements. The Assessment Team noted that the home care agreement, consumer handbook and other information given to consumers contains clear information about the rights and responsibilities of the consumer and the service. The continuous improvement plan for the organisation includes a project to enable consumers/representatives to access information about their services and schedules through an application on their mobile phone.

The service demonstrated that the privacy and confidentiality of each consumer is respected. The consumer handbook and the home care agreement provided to consumers includes information about privacy and confidentiality. The Assessment Team noted consent forms signed by consumers recorded their decisions about the individuals and organisations the service can share their information with. Staff described how they respect a consumer’s privacy, particularly in keeping the in-home care plan in a place that is private and preferred by the consumer. Policies, procedures, and systems were observed to be in place to guide staff and protect the confidentiality of information stored by the organisation.

# 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. | 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 |

Findings

The service demonstrated that it has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care and services in partnership with the consumer and their representatives. The information outlined in the service care plan guides staff in the provision of safe effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, strategies to reduce the risk to the consumer were noted to be identified in the alerts section of the consumer’s care plan.

The service demonstrated that it has processes to support the identification of consumer-centred specific goals and preferences. Coordinators described how consumers are provided an opportunity to identify their needs, goals, and preferences including their end-of-life preferences in an advanced care directive if they have not already done so. Staff demonstrated an understanding of the need to listen and understand what is important to each consumer to ensure care and services are delivered in accordance with each consumer’s personal preferences as documented on the consumer’s service care plan.

The service demonstrated that it involves consumers/representatives, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers by sharing consumer’s goals and preferences in accordance with their authorities relating to the sharing of information. Consumers/representatives interviewed reported they have had an opportunity to meet with their coordinators to discuss their specific needs and preferences including how specific services are delivered and can generally make their own decisions.

The service demonstrated that outcomes of assessment and planning are effectively communicated. Staff said that care plans are available at the consumer’s home and information is also provided through email or by phone if there have been changes made. Consumers/representatives interviewed advised care planning documents are discussed and agreed to prior to the commencement of services, a copy of their care plan and their home care agreement is provided to the consumer.

The service demonstrated processes are in place to ensure service care 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 reported the service supports them when their needs change. Staff interviewed advised when they identify a change in a consumer’s condition, they report this to their area team leader/coordinator/ registered nurse.

# 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 service demonstrated personal and clinical care is individually tailored to their needs and preferences based on assessment of the consumer’s needs, goals, and preferences. All consumers/representatives interviewed reported satisfaction with the personal and clinical care they receive. The coordinators refer to nursing and allied heath staff seeking assessments and recommendations for the provision of best practice strategies as risks and issues are identified. Consumers/representatives interviewed reported satisfaction with the personal and clinical care they receive.

The service was able to demonstrate that it effectively manages high-impact and high-prevalence risks 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 they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service demonstrated that consumers nearing the end of life are provided with support and care that includes their needs, goals, and preferences and that it maximises the consumer’s comfort and dignity with respect to their cultural preferences. The coordinator confirmed that, as part of the initial clinical assessment, advanced care planning and end of life planning are discussed, and family consultation sought for appropriate cultural preferences as and when required. Information on creating an advanced health directive is provided to consumers and their families in information packs. The service works collaboratively with an external service to provide palliative care services.

The service demonstrated that deterioration or change to 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 staff 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, escalating, and reporting signs of deterioration. Consumers/representatives interviewed said that the service is helpful and responsive to any changes to their condition and they are encouraged to discuss changes and feel comfortable contacting the service at any time.

The service demonstrated communication systems are available to the workforce to assist them to provide and coordinate care that respects the consumers ‘choices ensuring safe, effective, and consistent care is provided. All staff have access to information pertinent to their role. The service has organisational policies and procedures regarding consent and the sharing of information. Consumers/representatives interviewed said they feel their needs and preferences are effectively communicated between staff, including having access to their service care plans which are reviewed regularly.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Coordinators described processes to refer consumers for allied health services and additional services through the internal referral process. Review of sampled consumers’ service care plans and care notes showed referrals to allied health services. The clinical nurse coordinator described the process to refer consumers for review to in-house registered nurses, allied health services, or other healthcare professionals when a change in condition occurs.

The service demonstrated it minimises infection related risks using standard and transmission-based precautions to prevent and control infections. The service has in place practices to promote appropriate antibiotic prescribing. Staff confirmed they have completed training on infection control and use of personal protective equipment (PPE) and follow standard precautions when caring for all consumers. All registered nursing staff undergo training on antimicrobial stewardship.

# 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. | 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The service demonstrated that it focusses on optimising a consumer’s independence, safety, health, and quality of life when planning the delivery of services and supports for daily living. Consumers/representatives interviewed talked about how they have input into the services they receive and how that support improves their quality of life. Management said that if Home Care Package (HCP) consumers are entitled to support from other services, they take a whole picture approach to plan how available funding and services can be best utilised to provide the consumer with the best quality of life. Care documentation showed that needs, goals and preferences are discussed during assessment and review and used to plan care that encourages enablement and independence.

The service demonstrated that the emotional, spiritual and psychological well-being of each consumer is taken into account when planning and delivering services and supports for daily living. Policies and procedures were noted to emphasise the importance of considering the emotional well-being of consumers when planning the support that consumers will receive. Coordinators explained how they ask consumers/representatives how their emotional and spiritual well-being can be supported during assessments and reviews or if staff pass on concerns. Management said that staff are trained to recognise, discuss and report any concerns about the emotional well-being of consumers.

The service demonstrated that consumers are supported to participate in their community, develop social and personal relationships, and do things that interest them. Consumers/representatives interviewed gave examples of how they were supported to maintain personal relationships. Management and staff could give examples of how they consider the social relationships and activities enjoyed by each consumer when they plan care. Important relationships and interests were noted to be recorded in care documentation and linked to the services provided.

The service demonstrated that information about each consumer’s condition, needs and preferences is communicated effectively within the organisation, and with others where responsibility is shared. Management and staff explained how information about each consumer’s condition, needs and preferences is gathered during assessment and review processes and recorded in the service care plans that are accessible by consumers/representatives and staff. They said that any changes to information is communicated in various ways, as appropriate, for example a support worker might phone the coordinator if they noticed a change in the consumer’s condition, or the service might email a support worker and update the service care plan if the consumer requested a change to the way a service is delivered. The electronic management system used by staff, coordinators and schedulers was noted to contain visible alerts about risks and preferences and to record communications between the service and consumer/representatives or other parties involved in the consumers’ care. Policies, procedures and flow charts outline when and how staff and management can and should share and respond to information about changes affecting a consumer’s care.

The service demonstrated that timely referrals are made to other organisations for the provision of supports and services for daily living. Consumers/representatives interviewed indicated that they were happy with services received as a result of referrals. Management said that they try to accommodate any preferred provider requests made by consumers. Procedures are in place to ensure that any referrals made are appropriate and to ensure that the service maintains oversight of the delivery and safety of those services.

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

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable, and as a result was not assessed during the Quality Audit.

# 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 service demonstrated that consumers/representatives are encouraged and supported to provide feedback and make complaints. Consumers/representatives interviewed confirmed that they are aware of the ways they can provide feedback and are comfortable to talk to staff and coordinators about any complaints they might have. Management and staff gave examples of when consumers/representatives have been encouraged to provide feedback or make a complaint. A review of documentation showed that the information provided to consumers and staff about the process for making complaints is clear and supported by policies and procedures.

The service demonstrated that consumers are given information about how advocates, language services, and other organisations, can assist them to raise or resolve a complaint. Consumers/representatives interviewed talked about how their friends and family can help them if they need to make a complaint. They were also aware that they could complain directly to the Aged Care Quality and Safety Commission (the Commission). Staff interviewed said if a consumer said they were not comfortable to make a complaint directly to the service they would give the consumer the Commission’s complaints number.

The service demonstrated that it responds to complaints appropriately and uses an open disclosure process when things go wrong. Consumers/representatives interviewed could describe how complaints had been handled to their satisfaction. Management described the process that is followed when a complaint is received and could give examples of when complaints were resolved to the consumer’s satisfaction. Staff demonstrated the on-line complaints management system and how open disclosure principles are built-in to the form that staff use to record the progress of a complaint. Policies, procedures, and training is in place to guide staff in how to respond appropriately to a complaint.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers/representatives interviewed could give examples of when they gave feedback and how their services had been adjusted to better suit their needs and preferences. Staff and management described how the information gathered in the incidents, complaints and feedback register is analysed and compiled in a report that is circulated to the various committees for consideration. Documentation reviewed included minutes of meetings showing that continuous improvement opportunities had been identified and acted upon as a result of the service having received feedback or complaints.

# 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 service demonstrated that the workforce is planned and deployed in a manner that allows for safe and quality care and services to be delivered. Consumers/ representatives interviewed spoke positively of the high-quality care provided by staff. Staff interviewed said that they had regular shifts and were happy in their roles. Management said they have experienced rapid growth in the number of home care packages they manage, and how this has led to the service implementing strategies to attract and retain staff.

The service demonstrated that workplace interactions are kind and caring and that the individuality and preferences of each consumer is respected. Consumers/ representatives interviewed said that their staff and coordinators are kind and respectful, and if they ever have concerns, the service will change their staff and coordinators to someone they prefer. Management and staff interviewed were observed to talk about consumers with compassion and respect for their circumstances. A review of documentation showed that policies and procedures are in place that require all staff and management to treat consumers with kindness and to respect their individuality.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce are competent and have the qualifications and knowledge to effectively perform their roles. Consumers/representatives interviewed said that they felt staff were competent and know what to do. Management and staff explained how qualifications and competencies are verified during the recruitment stage. Management also explained how information about a staff member’s qualifications and competencies and when they are due for renewal is recorded in and managed through a profile in the electronic management system. Automated reminders are sent to staff and managers when qualifications are due for renewal, and staff will not be rostered to deliver services if qualifications have expired. A review of documentation showed that the qualifications and competencies for each role within the organisation are clearly set out in position descriptions and collated in a table that lists the qualifications and competencies required for each role.

The service demonstrated that policies, systems, and procedures are in place to ensure that staff are recruited, trained, equipped and supported to deliver safe and quality care. Staff referred to the training requirements they must complete. Management described how new staff attend an induction session that ensures that new staff understand the requirements of the Aged Care Quality Standards and have the skills and competencies to perform their roles.

The service demonstrated that policies, procedures and systems are in place to ensure that the performance of each member of the workforce is regularly assessed, monitored and reviewed. Management gave examples of the multiple ways used to assess staff performance that include 6-monthly consumer satisfaction surveys, annual staff satisfaction surveys, buddy-shift induction assessments, annual performance reviews for all staff, and review of complaints, feedback and incidents to identify any staff who may need additional training or guidance. Staff and other staff interviewed could recall participating in performance reviews. Consumers/representatives interviewed talked about how satisfied they are with the performance of staff, and how comfortable they are to give feedback or raise issues about staff performance.

# 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. | 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

The service demonstrated that there are systems in place to engage consumers in the development, delivery and evaluation of care and services. Management described the methods they use to engage consumers in the delivery and evaluation of care, including the use of 6-monthly consumer satisfaction surveys. Management described how survey responses are analysed and used by the various committees to identify continuous improvements. Management advised that the development of a consumer advisory group is a project that has been added to their continuous improvement plan. A review of documentation showed that consumer feedback and complaints are analysed and considered at meetings with a view to inform continuous improvement plans.

The service demonstrated that the organisation’s governing body promotes and is accountable for the delivery of safe, inclusive and quality care and services. Management described how incidents, complaints and feedback are analysed to identify trends and the reports are considered by various committees, who make recommendations for consideration by the executive about how the safety and quality of care might be improved. The governing body ensures that staff receive training relevant to their roles, and policies and procedures are in place to guide staff in the delivery of safe and quality care.

The service demonstrated that it has effective organisation-wide governance systems in all areas relevant to the delivery of HCP services and care. The Assessment Team viewed the corporate governance and delegation of authority policies and noted that a strategic plan is in place for the 2023/2024 year.

Information management:

Management described the improvements that have been made to ensure that all policies and procedures are collated, accessible to relevant staff, and regularly reviewed and updated. The Assessment Team viewed a range of policies and procedures that were noted to contain dates they were last reviewed and when they are next due for review.

Continuous improvement:  
Management interviewed explained how they individually embrace a culture of continuous improvement. The organisation’s continuous improvement register is actively used, and a significant number of improvements were made in the last year, such as the restructure of teams, committees and the implementation of new software systems. The Assessment Team observed that managers and teams are collaborating and working closely together to identify continuous improvement opportunities.

Financial governance:

Management described how the executive reviewed and implemented changes to ensure compliance with recent changes to the SCHADS award, pay increases for aged care workers that are effective from 1 July 2023, and changes to the aged care legislation in relation to pricing requirements. A review of documentation including rosters, home care agreements, and price lists indicates that the service has implemented processes to ensure compliance with these changes.

Workforce governance:

The service demonstrated effective workforce planning recruitment, induction, and performance management to enable the delivery and management of safe and quality care and services to consumers. The Assessment Team reviewed documentation which showed that all roles have job descriptions that detail responsibilities and accountabilities. The staff interviewed told the Assessment Team that they enjoyed their work and felt supported by their colleagues and management.

Regulatory compliance:

Management said the service is a member of the Aged and Community Care Providers Association (ACCPA) and they are primarily informed about regulatory changes to aged care legislation and given guidance on how to comply with those changes via emails and webinars. Management said the organisation adopts a safeguarding approach where possible, ensuring that policies and procedures are designed to incorporate all regulatory requirements of every service they operate. This simplifies the approach for staff who manage and provide services to consumers who have packages with multiple funding bodies, sometimes to the same consumer.

The service demonstrated that consumer risk is monitored, the organisation acts quickly to mitigate risk and that harm is prevented through assessment, review and follow-up actions. Staff demonstrated awareness of elder abuse and their responsibilities in reporting any suspected or actual incident of abuse. The service has policies and procedures to support consumers to live their best life.

Managing high-impact or high-prevalence risks associated with the care of consumers:

Policies, procedures and systems are in place to guide staff on how to manage high-impact and high-prevalence risks. Risk assessments are conducted during assessment and review processes and strategies to address those risks are documented. The electronic management system records any vulnerabilities associated with individual consumers to alert staff to any specific risk considerations when planning or delivering care.

Identifying and responding to abuse and neglect of consumers:

Management described how the assignment of individual consumers to teams of staff and coordinators who manage and deliver their care is one of the safeguards to assist the service to prevent, identify and respond to the abuse and neglect of consumers. Management said this structure enables consumers who receive regular services to have a small team of staff who deliver those services. One benefit of which is that it offers some protection against the scenario where staff might be responsible for delivering most of the care required for a vulnerable consumer who has little other support, affording staff with the opportunity to neglect or take advantage of the consumer.

(iii) Supporting consumers to live the best life they can:

The policies and procedures of the service support consumers to live the best life they can by ensuring that any risks to the consumer are identified and strategies agreed to mitigate those risks. For example, a risk assessment to identify any hazards in the consumer’s home is completed during assessment and review processes. The informed decision making and consumer directed care policies of the organisation confirm that consumers have the right to refuse any support offered or advice given, provided that they and their representatives have been fully informed about the possible impacts to their safety, the consumer’s decisions do not adversely impact on the safety of their staff, and the consumers/representatives’ decisions are documented.

Managing and preventing incidents, including the use of an incident management system:

The service demonstrated that it uses an incident management system to record and manage incidents, and to report incidents under the Serious Incident Reporting Scheme (SIRS) when required. The Assessment Team viewed the 2023/2024 Risk Management Plan that includes a risk matrix to guide staff on the assessment and management of risk and their responsibilities to identify risks and consider risk mitigation strategies.

The service demonstrated that a robust clinical governance framework is in place to guide staff and to ensure consumers receive quality clinical care. The clinical governance policy of the organisation was viewed by the Assessment Team and seen to include a nursing practice decision flowchart to help guide staff in the delivery of clinical care. The delegation of care policy outlining the respective responsibilities of registered nurses, enrolled nurses and case coordinators, was also viewed.

Antimicrobial stewardship:

The Assessment Team viewed the anti-microbial stewardship policy. Conversations with clinical staff demonstrated that they have been trained in antimicrobial stewardship principles and concentrate on using approaches that will minimise the risk of infection and therefore reduce the likelihood that antibiotics will need to be prescribed

Minimising the use of restrictive practices:

Management said that as the organisation also provides National Disability Insurance Scheme (NDIS) services, the training for the service’s workforce in restrictive practices is currently based on NDIS requirements. The Assessment Team viewed topics covered during the induction of new employees, including staff, and noted that training in restrictive practices is included. The Assessment Team also viewed the compliance requirements for multi-skilled staff which was noted to include a requirement that training in restrictive practices has been completed. The restrictive practices policy, procedure and guidelines for staff were viewed by the Assessment Team.

Open disclosure:

Management said that an open disclosure approach had always been taken and clinical staff were well trained in open disclosure approaches. Management said that a recent improvement has been the development of a form that is used to document when and how an open disclosure approach has been used. The Assessment Team viewed the open disclosure discussion summary form that appears simple to complete and guides staff to record all the steps they must take to comply with the principles of open disclosure.

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