**Performance**

**Report**

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| Name: | Nagambie HealthCare |
| Commission ID: | 300969 |
| Address: | 22 Church Street, NAGAMBIE, Victoria, 3608 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1663 Nagambie HealthCare Incorporated  
Service: 26447 Nagambie HealthCare Inc.

**This performance report**

This performance report has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 12 December 2024.

# 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 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 |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives said they are always treated with respect by staff and community support workers and the care coordinator and management know them well. Support workers approach each consumer and interact respectfully by addressing consumers by their preferred names. Support workers allow time to communicate with each consumer and to practice being kind and considerate. The emphasis is on nonbiased service delivery with consumers values and choices prioritised. Intake and assessment documentation detailed information about consumers’ backgrounds and preferences which was consistent with information received from consumers. Consumers are informed about their rights to dignity, respect and inclusion via their home care agreement and other service information.

Consumers with different cultural backgrounds said they feel safe and respected with the staff and services provided. Staff explained that culturally safe care is provided to consumers on an individual level. Management said cultural safety is discussed with staff as part of the orientation process. Consumer assessment and planning includes identification of cultural background. Policies and care planning documents reflect that consideration of consumers’ care is culturally safe. An acknowledgement of country is displayed in the building’s entrance and support worker’s uniforms are printed with an indigenous design honouring first nations people.

Consumers and representatives said they have the choice and opportunity to make decisions about their care. Preferences for days, times and frequency of support is discussed at intake and on review. Consumers said they can specify additional representatives, both formal and informal, who may be involved in care planning decisions. Staff provided examples of ways they support consumers by offering options and regular discussions to partner with consumers in the development of their care plan. Care documentation demonstrated that each consumer is asked about their partnerships and goals in relation to their care. Documents demonstrated consumers are supported to include the people they wish to include in decision-making.

The service does not have a documented dignity of risk protocol; however, the service did demonstrate consumers are being supported to take risks using an informed process of harm minimisation. Management acknowledged that where consumers choose to participate in activities involving risk, assessments have not been completed routinely and no formal dignity of risk documentation or policy is available to guide staff practice. However, examples of how consumers are supported in their choice were demonstrated and clinical staff said they will have a discussion with a consumer in relation to potential risks associated with their choices. Consumers said they can exercise choice and control without judgement from service staff.

Consumers and representatives said they receive timely and clear information from the service including hard copies of care plans, invoices for services and monthly statements detailing services provided. Support staff communicate information to consumers in a simple and clear way. Management demonstrated letters are sent to consumers or their representatives via post, email, or both, as per their preference, providing them with updates to any changes made

to the structure of the service plan, costs of services or changes of fees. Consumers may be provided with additional information, brochures, and face to face discussions, to ensure consumers clearly understand their service agreements and services they require.

Consumers and representatives reported they are confident the service respects their privacy, and their personal information is treated confidentially. Support workers use a password protected electronic information system and there is an expectation of the service in relation to always behaving with consideration and respect of privacy. Management explained the two-factor authentication login process for staff to access the electronic health information system and advised staff and support workers are given access to consumers personal information in line with their roles and allocation. Consumer consent is obtained before initiating referrals or contacting other services.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers expressed satisfaction with how initial and ongoing assessments occurred and how they felt included in discussions about the care and services being provided. Consumer needs and risks are identified during pre-screening, initial and ongoing assessments. Information is gathered through a pre-home risk assessment via telephone, followed by a home visit where additional information is noted.

Assessment information documented in the care file includes a medical history, home environment details, physical function, social function, mobility, equipment, and cognitive function. An assessment is undertaken using an initial home visit risk screening tool that considers environmental and personal risks to the consumer and informs decisions about the services required.

Staff are guided in how to deliver care and services safely to consumers through reviewing the care plan on the electronic management system. Staff work with consumers to minimise risk. Risk mitigation strategies relevant to each consumer such as the use of mobility aids, personal alarms and monitors, are documented in consumer care plans.

Allied health and nursing assessments, My Aged Care summaries, and hospital discharge information are used to inform assessment and planning. Consumer documentation reviewed indicates risks are assessed during the initial visit in the consumer’s home, including consideration of falls, skin integrity, nutrition, and mobility risks.

Consumers and representatives confirmed the service involves them and others they wish to be involved during assessments, care planning and decisions regarding the care and services the consumer receives. Support workers work in partnership with consumers, representatives and other individuals and organisations. Consumer documentation demonstrated assessment and

planning involves the consumer, and others the consumer wishes to be involved such as occupational therapists, medical practitioners and nursing services. The service has a process of consent when other providers are engaged to inform assessment and care planning.

Consumers and representatives are informed about the services a consumer receives and also receive a copy of the care plan. Care plans are provided to the consumer within their in-home care folder or can be provided on request via email or post. Support workers are provided with current information and daily tasks lists to inform them of the care planned for each consumer. The service’s nurse completes assessment and care plans during a home visit and communication occurs face to face.

Consumers and representatives reported feeling they could change the care and services if the consumer’s needs or preferences change. Documentation reviewed shows the service reviews care planning documentation and assessments regularly. Care planning review and reassessment is undertaken at a minimum six monthly or as required following deterioration or change in the consumer’s condition.

Management described the types of changes in circumstance which would prompt review such as a change in Home Care Package level or need, clinical deterioration, following hospital admission, or in response to a request from the consumer or their representative. The service has a ‘reassessment template’ which is a document to support staff in undertaken comprehensive reviews of assessment and care planning.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives described their satisfaction with the clinical and personal care the consumer receives and said it is safe and effective and meets the consumer’s needs. Consumer care planning documentation provided information about how care is tailored and delivered to effectively meet the needs of consumers. Documentation, such as general practitioner health summaries, medication summaries, progress notes, allied health reports and other correspondence was found within the consumer’s care files. Support workers tailor personal care services to meet the consumer’s needs by following the consumer’s care plan instructions and understanding how to manage risks such as falls risks, and the consumer’s preferences. The service ensures personal and clinical care provided to consumers is best practice through appropriate clinical assessment ongoing training of staff.

Consumers and their representatives were satisfied that high-impact and high-prevalence risks associated with their care are effectively managed. Strategies to manage risks, such as those associated with cognitive and mobility decline, and to reduce the occurrence of clinical incidents included input from allied health and medical professionals, or provision of aids and equipment. Staff demonstrated knowledge of relevant risks to individual consumers wellbeing, and the strategies in place.

While there were no current consumers undergoing palliative care, management provided information on how it supports a consumer who is nearing end of life. Clinical staff said training is provided to recognise signs of end-of-life, and ensure staff are skilled in supporting, comforting and managing pain for consumers at end of life. Staff are confident in their ability to care for consumers receiving palliative care in their home. The Assessment Team reviewed the service’s end-of life care policy, which offers guidelines for staff practice and the engagement of specialist palliative care and medical services.

Consumers and representatives said staff recognise and report changes in the health and wellbeing of consumers, and that they respond in a timely manner. Clinical staff have daily handover meetings and any change to a consumer’s condition or circumstances are discussed, and the response to deterioration may include further assessment, referral or engagement of an external health or medical provider. The service has organisational policies and procedures to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives confirmed staff know them, and they do not need to repeat information about their needs and preferences. Support workers have access to consumer care plans in a folder at the consumer's home, at the point of service. They also have task lists and shift notes in a communication book, along with additional information via a private messaging service. Support workers expressed satisfaction with the service's communication and information systems. Management and staff document information in progress notes.

Consumers and representatives provided positive feedback about the way the service completes referrals to other providers of care and the outcomes of these referrals. The service uses local networks and the processes of making referrals such as via email. Communications between the service and external providers are recorded in consumer care documentation.

Recommendations from service providers were found to be implemented.

Consumers were satisfied with the actions staff take to prevent infection, including wearing gloves and masks and conducting hand hygiene. Support workers have completed infection prevention and control training and described using Personal Protective Equipment (PPE). Annual compulsory training occurs regarding infection control and outbreak management. The service has documented policies and procedures to support the minimisation of infection related risks through infection prevention and control practices. PPE supplies are accessible to staff for use in consumers’ homes.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(a) is Not Met. It found the service was not able to demonstrate that all consumers get services and supports for daily living that meet the consumer’s needs, goals and preferences and that optimises their independence, wellbeing and quality of life. While some consumers shared positive feedback about how the services help them maintain their independence and continue living at home, others described services which did not meet their current needs, or they reported that they are still waiting for service to be implemented despite a long waiting period. I have come to a different view and find the Requirement 4(3)(a) Compliant.

The Approved Provider submitted a written response to the Assessment Team report and supplied further information. The information and evidence demonstrate enhanced communication protocols are in place to address identify and respond to any missed services and to to improve transparency and accountability in service delivery. Evidence of consumer satisfaction with the improvements was also supplied. I am satisfied consumer’s are receiving safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

All other Requirements in Standard 4 are Compliant and therefore the Standard is Compliant.

Consumers and representatives provided positive feedback about the way the service supports consumer’s emotional and psychological wellbeing and were confident they could speak to staff if the consumer required support. Staff support consumers who were feeling low by taking time to talk about their concerns and supporting consumers to access appropriate services. Support workers said they would report any concerns to management and follow the available policies and procedures. Management said they can refer consumer’s to counselling services if they are having difficulty adjusting to their changing age-related needs or experiencing grief and loss.

Consumers and representatives provided positive feedback about the way consumers are supported to participate in the community and have opportunities for social interaction and to do things of interest. This includes support to access and attend medical appointments, community groups, shopping, and other activities as meaningful or important to them. Consumer documentation provided information about consumer’s preferences and goals for community involvement. Staff assist consumers on outings and provide in-home support to help consumers stay connected to their community and that activities are based on consumer’s interests.

Consumers and representatives said that consumers’ current supports met their needs and they were aware they could seek referrals to other services and supports as needed. Care documentation showed referrals being made, such as to My Aged Care, equipment suppliers, physiotherapists, and occupational therapy assessments for home modification recommendations, and management described referring consumers to lifestyle activities and community clubs if needed. The organisation has documented policies and procedures in place for making referrals to individuals and other providers of care and lifestyle services.

Consumers and representatives provided positive feedback on the quality and quantity of meals provided. Consumer file documentation provided information about consumer’s’ dietary needs, including allergies and preferences. Staff and management said consumers can provide feedback or make changes to their dietary needs and preferences as they wish. Staff said they tailor support according to the individual needs of the consumer.

Consumers and representatives confirmed the equipment they have is safe suitable and maintained. Consumer documentation demonstrated occupational therapy assessments inform equipment recommendations, and that equipment provided is safe and suitable to meet their needs. Staff said they have access to equipment they need, and they are trained in safe manual handling techniques, and that any equipment faults are reported.

The service has agreements in place with occupational therapists to ensure all equipment is tested and trialled with the consumer to ensure the equipment is safe, suitable and in working condition. Vehicles used to transport consumers were clean, sanitised and well maintained.

Each vehicle had a supply of PPE available for use. Fleet vehicle maintenance is overseen by service management and support workers described their role in regular cleaning of the vehicles and recording kilometres travelled.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Most consumers and their representatives said they feel encouraged to provide feedback to the service and to make complaints. Consumers felt confident staff and management would support them when raising issues. Management and the care coordinator described regular telephone and face-to-face contact as opportunities to engage with consumers and receive any feedback and complaints. Management described how they provide consumers with information about how to make complaints and give feedback during the initial assessment process. Home care agreements contain complaints handling information about both internal and external processes. The service follows the organisation’s complaints handling policy and the protocol is further outlined in the consumer feedback form that describes the process and various avenues to lodge a complaint, feedback or suggestion.

Consumers have been made aware of advocacy services and external providers to assist with communicating complaints for investigation and resolution with the service. Consumers reported receiving publications from advocacy groups at various times. The service assists consumers to access external complaints mechanisms to resolve complaints as appropriate. The organisation has a feedback and complaints policy and displayed brochures in public areas of the building for raising complaints to the Aged Care Quality and Safety Commission. Additionally, the organisation’s consumer feedback form advises consumers they have a right to lodge unsatisfactorily resolved complaints with the Health Complaints Commissioner and supplies contact information.

Consumers and representatives said when feedback is provided, the service responds appropriately and in a timely manner. Consumers confirmed when things go wrong the staff apologise and the service acts quickly to resolve issues and confirmed there are processes in place for taking the initial complaint, referral, investigation follow-up and complaint resolution. The service maintains a feedback register and a Feedback and Complaints policy guides staff practice.

Consumers expressed confidence that the service would make improvements based on their feedback. Consumers and representatives described positive changes made to the services following complaints and feedback, and management provided examples of improvements. Management confirmed feedback and complaints are reviewed monthly and relevant information is provided in the organisation’s Board report and the Quality, Safety and Clinical Governance Committee reports. Review of both the Board of management and community care staff meeting minutes included discussion of information related to feedback and complaints.

Management described the time-line expectations for complaints resolution which was reflected in documentation.

# 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 Requirements 7(3)(c) and 7(3)(e) Not Met. It found that in relation to Requirements 7(3)(c) the service did not demonstrate the workforce complies with the necessary qualifications and expectations of the organisation to effectively perform their roles. Position descriptions for a home care coordinator, registered nurse and personal care attendant (PCA) in the home and community sector were provided. The roles, responsibilities and qualifications described as required in these positions, did not reflect the workforce requirements. Management explained the service is transitioning through change management and adjustments to orientation and workforce requirements are in progress. I have come to a different view and find the Requirement 7(3)(c) Compliant.

The Approved Provider submitted a written response to the Assessment Team report and supplied further information. The information and evidence demonstrate the service has undertaken a comprehensive review of all position descriptions and induction checklists to ensure they accurately reflect the current workforce requirements. These updates and review are part of an ongoing process of change management and workforce adjustment to ensure that roles, responsibilities, and qualifications align with the operational needs of the service. The revised documents have been implemented as part of the induction process and were also reflected in the Plan for Continuous Improvement supplied in the response. I am satisfied the service has a competent workforce and staff have the qualifications and knowledge to effectively perform their roles.

The Assessment Team found that in relation to Requirements 7(3)(e) the service did not demonstrate regular scheduled staff performance appraisals are occurring. Current practice at the service is for management to provide developmental or positive feedback on staff performance on a regular basis following consumer engagement and monitoring consumer’s reports of satisfaction. The service has access to a range of policies to support workforce management and employee development. The service is in the process of establishing a performance appraisal schedule due to commence from November 2024 and the template for these forms has been completed. Employees and subcontractors identified as requiring additional developmental support are assigned direct line managers to deliver education and/or actions. The service’s Plan for Continuous Improvement documents an action to commence scheduling of staff performance appraisals was added 4 November 2024. I have come to a different view and find the Requirement 7(3)(e) Compliant.

In a written response to the Assessment Team report findings the service documented and provided evidence of actions taken to address the identified deficits. The actions include developing and implementing a comprehensive orientation checklist, scheduling appraisals for all staff, with a focus on aligning individual performance with organisational goals and conducting training and monitoring and evaluating the implementation of appraisals. I am satisfied that regular assessment, monitoring and review of the performance of each member of the workforce is being undertaken.

All other Requirements in Standard 7 are Compliant and therefore the Standard is Compliant.

Most consumers said they were satisfied with availability of staff and the quality of care and services provided. One consumer described the service as short staffed and not receiving notification when services are cancelled or changed from the care plan. The service employs both clinical and care staff with some brokered services contracted to provide additional or specialist services. Staff are rostered one to two weeks in advance and continuity of care is prioritised when allocating staff. Consideration is given to staff qualifications, skills and experience when assigning service requests.

Consumers and representatives stated staff engage with them in a kind, respectful and caring manner. Nurses and management are familiar with consumers and spoke about them in a respectful way. Management said support workers were expected to demonstrate treating each consumer respectfully and are aware of their individual preferences, including cultural needs.

Consumers said staff have the appropriate skills and knowledge to deliver safe and quality care. Management described requiring all staff to complete annual mandatory training as well as providing options for staff to attend clinical educator led toolbox training. Management demonstrated how staff training needs are identified through feedback, and incident trends. Support staff said they are well resourced with the equipment and PPE necessary to their roles.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers outlined how they are encouraged to participate in service surveys, complete feedback documents and face-to-face conversations with the shared goal of service improvement. The service can modify care plans to address specific needs if budget allows and encourages consumer input into the care and services plan. A consumer advisory group meeting is scheduled for all consumers invited to attend. The intention is to establish better connections with consumers and to capture all levels of feedback and issues as the current methods have mostly proved effective in identifying the larger concerns. The Board of management is responsible and accountable for performance in relation to key organisational risks. Reports are submitted to the Board including quality safety and clinical governance and financial management reports. This information is used in the development of strategic plans. The Board receives monthly reports on staffing, incidents, audits, and consumer feedback to enable monitoring and review of delivery of safe care in line with best practice.

The Assessment Team were provided with Board meeting minutes and the documentation aligned with management’s description of the reporting process. The service has effective organisation wide governance systems in place that aligns with their policies and procedures.

The service ensures consumers, and their representatives can access information about consumer care and services. This is implemented with the comprehensive care plan to provide an overview of care and services required for each consumer. Staff reported having access to detailed information through the electronic health information management system available in the office.

The organisation has a continuous improvement plan informed by staff observation, incidents, complaints, consumer reviews, and risk identification. The continuous improvement plan includes the source of identification, information for actions, expected outcomes, and the proposed completion date. The service provided a continuous improvement plan with areas for review and improvement and could speak to completed actions and evaluation of the changes resulting from implementation. An update to the current PCI was provided to the Assessment Team and evidenced 11 new actions and areas of improvement following feedback and findings from the Quality Audit.

Effective financial governance systems are in place to manage the resources and financial requirements to ensure continued delivery of quality care and services. Management reported maintaining oversight of income and expenditure through unspent fund review and review of budget estimates, including consumer expenditure and workforce budgets. The service provides consumers with individual monthly statements and has processes to manage unspent funds.

Staff are provided with a position description and most reported having a clear understanding of their roles and responsibilities. The service has been maintaining adequate records of competency and qualifications for staff. Management described being able to locate/access compliance and qualification documentation for their staff. Management advised they verify the workforce’s qualifications, relevant registrations and conduct competency assessments. The service requires the brokered providers to have minimum staff qualifications and capacity to undertake the service request. Management advised they ensure brokered providers' conduct aligns with the organisation’s Code of Conduct and incorporated these into the updated service agreements and will be subject to annual performance review. At the time of the Quality Audit, the service had provided all staff with mandatory training.

Management receives updates from relevant regulatory bodies including the Department of Health and Aged Care and the Aged Care Quality and Safety Commission, with information distributed to staff and consumers as appropriate. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change. Management explained how the organisation. The service has systems and processes in place to support consumers to ensure complaints and feedback are captured, recorded, escalated, and resolved. The service practices an open disclosure process and analyses complaints and feedback data to inform the continuous improvement plan and improve outcomes for consumers. The feedback register provided demonstrated the larger proportion of feedback from consumers and/or representatives were positive and complimentary of the service.

The service was able to demonstrate it has embedded risk management systems. The comprehensive intake and assessment process captures high-impact, high prevalence risks associated with the care of consumers who are identified on a risk register maintained by the service. Additionally, the service has a vulnerable client register and practices welfare checks routinely. Staff are well placed to recognise and respond to abuse and neglect of consumers. Consumers described the importance of living at home independently. Supports provided by the service were said to be crucial to maintaining consumer’s best quality of life. The service demonstrated effective incident management practices including identification, reporting requirements, escalation, and review by management.

The service follows the organisational clinical governance framework incorporating operational policies, processes and systems that ensure the quality and safety of clinical care. Clinical care considerations are outlined from consumer intake for monitoring and review. Additionally, the service has current policies and procedures relating to antimicrobial stewardship and restrictive practice. The service provides clinical care and nursing services and has access to registered nurses from the organisation to oversee clinical care. A nurse practitioner is brokered to review consumers in response to emerging or changed risks.

The service could demonstrate it works collaboratively with consumers and a pharmacist to inform antimicrobial use and the monitoring of infections. Restrictive practice education is ongoing, and staff confirmed receiving training regarding restrictive practices and how it pertains to consumers in home care and further education is planned.

Although the service does not have a specific open disclosure policy, the protocol for complaints handling and education results in a consistent staff response that incorporates the fundamentals of open disclosure. Management described how clinical risk management is integrated into system improvement, and how it applies open disclosure to guide a response where incidents have or may have caused harm to consumers. Consumers and representatives confirmed when things go wrong, the service follows up with an investigation into the source of the issue and the service contacts them to acknowledge the occurrence and provide an apology.

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)