**Performance**

**Report**

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| Name: | NCN Health Home Care |
| Commission ID: | 300090 |
| Address: | 24 - 32 Broadway Street, COBRAM, Victoria, 3644 |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2606 NCN Health  
Service: 18756 NCN Health Cobram Home Care Packages 1  
Service: 18755 NCN Health Cobram Home Care Packages 2

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8555 NCN Health  
Service: 25625 Numurkah and District Health Service - Community and Home Support

**This performance report**

This performance report for NCN Health Home Care (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 22 February 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 5** Organisation’s service environment | **Compliant** |
| **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

Consumers and their representatives stated staff treat consumers with dignity and respect, and value their identity and diversity through listening, taking the time to have conversations, being reliable and professional. The service has processes to seek consumer feedback regarding staff interactions and manage staff conduct through performance improvement plans, and workforce training related to managing difficult conversations and communication.

Consumers reported staff know about their background, culture, values, diversity and what’s important to them. Staff explained how they provide care and services in a culturally safe way, through asking the consumer about their background and beliefs and respecting these and asking for their preferences related to service delivery including the gender of direct care workers and preferred pronouns. Documentation showed the service provides cultural awareness training.

Consumers said they can make decisions about what care and services they want and how they receive it. Staff described how they support consumers in making decisions through asking their preferences, focusing on their interests, identifying their needs and goals. Documentation showed consumers are involved in decisions about their care and services. Management described how assessment and planning processes support consumers to exercise choice.

Consumers and representatives said the service supports consumers to do things that they otherwise might not otherwise feel confident to do and promotes independence. Staff described how they encourage consumers to maintain their independence and do things that are important to them. Strategies discussed include discussion risks with consumers, providing education and identifying strategies that support consumers to continue engagement with their preferred activities.

Consumers said they are provided information via various mechanisms, such monthly newsletters, itemised timely statements, and regular communication, which enables them to exercise choice. Management advised the service seeks feedback regarding consumer understanding of budgets and monthly statements and provide support for consumers and representatives to ensure they have an appropriate understanding of the information.

Management advised consumers complete a consent to share information prior to consumer information being shared with other parties relevant to consumer care and services. Information is kept confidential, and privacy respected, through security previsions on the electronic management system, including password protected log, a privacy and confidentiality policy which guides staff on how to appropriately manage consumer information and staff practices during service delivery. Consumers and representatives were satisfied their privacy is respected by the service.

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

# 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

Requirement (3)(d)

The Assessment Team was satisfied the outcomes of assessment and planning are communicated and documented for CHSP consumers. However, the Assessment Team reported the service did not demonstrate that the outcomes of assessment and planning are communicated to subcontracted direct care staff providing care and services. The Assessment Team provided the following evidence relevant to my finding:

* Subcontracted care workers said they do not always have sufficient information at the point of care and that they rely on information from consumers and their representatives
* While the outcomes of assessment and planning are documented in a care plans, subcontracted service providers are not provided with this information at the point of care.
* Case management staff and direct care workers stated a task list is available to direct care workers, not all consumers had task lists on file
* Management commenced corrective actions to contact subcontracted providers to seek feedback on the information that is relevant for their staff delivering care and services and advised they would ensure adequate information is provided to the subcontractor staff.

The provider’s response to the Assessment Team report included explanation and evidence of completed corrective actions taken, including:

* Revised information provided to subcontracted staff, informed via feedback from subcontracted providers.
* Plans to evaluate the effectiveness of the new process at three and six month intervals through regular staff meetings
* Internal audit completed to ensure all consumers have tasks lists in accordance with their care and service needs with monthly monitoring activities and revised staff guidance material.

In coming to my finding, I have considered the Assessment Team report and the provider’s response which demonstrates 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.

I find the provider has implemented effective, and proportionate, actions to make the required improvements to ensure service delivery staff have access to the relevant information at the point of care. I am satisfied this is a sustainable and meaningful improvement supported through monitoring activities and scheduled evaluation timeframes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(a), (3)(b), (3)(c), (3)(e)

A comprehensive home safety environmental risk assessment was demonstrated which includes an assessment of consumer environment, access to main areas including outside, falls risks, equipment needs, and mobility support requirements. Internal staff explained they are guided in how to deliver care and services safely to consumers through reviewing the care plan on the electronic client management system. Management described how allied health and nursing assessments, My Aged Care summaries and hospital discharge information to further inform assessment and planning.

Care documentation reflected needs, goals and preferences that were consistent with those described through interviews with consumers and representatives. Advance care planning discussions are consistently undertaken.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. The organisation has processes to inform staff of the process of completing assessments in partnership with consumers and representatives. management stated that consent to access consumers medical histories was gained during the initial assessment and that general practitioners were sometimes contacted to better inform decisions in care provision.

Consumers and their representatives stated staff regularly communicate with them about the service they receive and make changes to meet their current needs. Management advised that consumers care, and services are reviewed on an annual basis, or if there are any changes to their circumstances, increase in package level, health deterioration, hospital discharge or a request from the consumer or their families about additional services. Care planning documentation showed 12 monthly reviews occur regularly for all consumers.

Based on this evidence, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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

Care documentation showed that the delivery of support is monitored by the service. The service has policies and procedures to guide staff on best practice care delivery. Staff had good knowledge of the consumer’s needs, goals, and preferences and could describe how the service ensures care is best practice and tailored to the consumer’s needs. Consumers and representatives provided positive feedback regarding personal care and clinical care delivery.

Consumer risk assessments are undertaken to create strategies that minimise the occurrence of incidents, including referral to allied health services and the provision of aids and equipment. Staff and management were knowledgeable of each consumers’ unique needs and preferences, including high impact or high prevalence risks associated with their care. The service maintains policies and procedures to guide staff in best practice care delivery and management of high impact or high prevalence risks.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. Management and staff were knowledgeable regarding the adjustments to care and services for consumers nearing the end of life. The policy regarding end-of-life care includes guidelines for staff, including the importance of collaborating with other healthcare professionals with skills and qualifications relevant to palliative care delivery.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including regular staff meetings, escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional services in response to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plans, and progress notes, readily available to staff and others where responsibility for care is shared. Effective communication is supported through regular staff meetings and communication protocols. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff.

Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs. The organisation has policies and procedures to guide staff in the referral process. Consumers and representatives said they are satisfied with the referrals provided through the service.

Management described actions taken by the service to ensure the risk of consumers or staff contracting COVID-19 is minimised, including the use of appropriate personal protective equipment (PPE) and in cases where staff are unwell, they promptly inform the service and refrain from attending to the care and arrange for a replacement staff member. Where a consumer has an active transmittable infection, essential service are delivered by a registered nurse. Staff are provided with infection prevention and control training.

Based on this evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

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

Findings

Consumers said the services and supports they receive help them to maintain quality of life and independence. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence. Care planning documents were individualised and included the services and supports provided and specifics on the way they are to be provided, reflecting the involvement of the consumer. Processes are in place to identify and build services to meet consumers’ preferences.

Consumers and their representatives provided examples of how the staff provide emotional support to consumers. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported. Staff demonstrated an understanding of what is important to the consumer and gave examples of how they have supported the wellbeing of consumers when the consumer has been feeling low. An established wellbeing team provide counselling to consumers and families to support adjustment to life changes and to those experiencing grief and loss

Consumers and representatives were satisfied with the meaningful opportunities for community access, support to continue engagement with hobbies, and social interactions. Staff help consumers stay connected through outings and in-home support and management highlighted processes used to plan activities based on consumer interests. Consumer documentation reflects consumer preferences, outlining goals for enhanced community involvement.

Consumers and their representatives said they are satisfied information about their care and services is shared within the service and with others involved in their care. There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. These include by written and verbal communications, accessing care plans and ensuring the same staff attend to consumers’ care and services.

Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Staff were knowledgeable of the referral process. Management said consumer needs are identified through assessments and where a consumer has a preference for a specific provider, the service will contact the external brokerage and go through brokerage applications and agreements, to support the referral.

Consumers gave positive feedback about the food and stated the food is of suitable quality and quantity. Staff said they continually seek feedback from consumers on food satisfaction and care coordinators schedule home visits with consumers to go through their dietary requirements and this is communicated to staff at the respite centres. Dietary requirements and preferences are documented and accommodated.

Where equipment has been provided for the consumer’s use in their own home, an occupational therapy or physiotherapy assessment has been completed. Consumers reported equipment is suitable and meets their needs. Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Staff were knowledgeable of these processes and provided examples of how they monitor the safety of equipment.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers and representatives interviewed expressed feeling safe and welcomed during their interactions with the service. Observations showed the service environment is welcoming, with clear signage for enhanced consumer independence in navigating the facility.

Consumers described the service environment as tidy, well maintained, and comfortable, and said they can access outdoor spaces as desired. Systems and processes are in place to ensure the environment is clean and well maintained, with any issues promptly addressed.

Consumers expressed satisfaction that the furniture, fittings and equipment is safe, clean and well maintained. Staff reported satisfaction with the cleanliness, upkeep, and safety of the equipment, as well as the fact that shared equipment is cleaned after every use.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers said they are supported to provide feedback on the care and services they receive. Staff seek feedback from consumers via feedback forms, text message questionnaires, following service delivery, during monthly welfare calls and scheduled reassessments. Management developed a template to improve mechanisms for proactive feedback.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. Consumers and their representatives reported feeling safe to raise their concerns. Staff described providing information to consumers and representatives to enable them to connect with interpreter services. Information is regarding advocacy is provided to consumers via the welcome back and staff receive guidance via policies.

Interviews with staff and consumers described complaint resolution actions consistent with the principles of open disclosure. Feedback is recorded in an electronic register and reviewed by management for oversight of actions, and timely actions.

Feedback data is reviewed by management and the board to review processes to improve service quality and inform actions on the continuous improvement plan. The Assessment Team provided examples where improvements to care and services were driven through consumer feedback.

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

# 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

Consumers and representatives described their satisfaction that staff are on time and have enough time to complete their service tasks. Staff interviewed described in various ways having enough time to complete their service tasks. Management described having no unfilled shifts in the previous months that resulted in impact to consumer service delivery and demonstrated staff and primary subcontracted service provider deliver services of varied durations in accordance with consumer needs and preferences.

Consumers and representatives reported that staff are kind and respectful. Staff described how they demonstrate kindness and respect of each consumer’s identity and diversity through actively listening, being open minded and respecting their choices. Management described the process for managing consumer complaints regarding staff conduct, noting investigation, interview and additional training is provided to ensure staff continue to provide respectful and considerate care.

Consumers expressed confidence the staff providing their care and services are competent. Staff undertake regular supervision with their managers and complete training as required. Staff described the service’s minimum qualification requirements to undertake their roles. Recruitment processes verify staff qualifications and include position descriptions which identify experience, skills and qualifications for each role. The service manages subcontracted providers through setting clear expectations through formalised contracts.

The service ensures the workforce is updated and informed about changes to aged care legislation through meetings including weekly operations meetings and department huddle meetings and disseminated via email from the relevant managers. Staff described the induction they completed at commencement with the service, as well as participate in mandatory training the service has identified as relevant and related to their role. Subcontracted staff confirmed they have completed induction and training with their organisation and have been provided information regarding the relevant reporting processes.

Staff and management participate in performance reviews at a six month interval for new staff and annually thereafter. Further support is provided to staff when there is a need for improvement identified through performance appraisals, consumer feedback and complaints data. Consumers reported satisfaction with staff performance.

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

# 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

The service seeks feedback from consumers and representatives to feed into broader service improvements through discussions in social support groups, discussions during consumer assessment and reassessment, CHSP surveys following allied health and nursing service delivery, HCP two yearly surveys, and feedback via electronic platforms or paper based feedback forms. Consumers and representatives described feeling they are involved in the development of their care and services. The organisation has a consumer advisory committee that is attended by a board member.

The organisation’s governing body ensures a culture of safe and inclusive quality care through a review of clinical data by the clinical governance subcommittee and executive monthly meetings which review clinical incidents, feedback and complaints, urgent care and community health. The organisation has an established subcommittees for clinical governance. The director of operations maintains oversight of the quality of services delivered through subcontracted providers, including contract management and assurance of current registrations, probity checks, insurance and vaccinations.

The organisation maintains effective governance systems of information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example:

**Information management**

* The organisation has information management systems that enable staff and consumers to access information about care and services as required.

**Continuous improvement**

* The organisation maintains a continuous improvement plan which is informed through consumer feedback and data, staff feedback, internal audits, regulatory or legislative changes and input through board subcommittees.

**Financial governance**

* The board maintains oversight and is informed of the organisation’s financial position by the financial subcommittee which reported directly to the board to inform their strategic decision making. The organisation ensures HCP expenditure is aligned with the intent of the HCP program through initial review of the guidelines by case management and expense approval processes.

**Workforce governance**

* Position descriptions which outlines their roles and responsibilities are available for staff and management. Staff described their roles, accountabilities and responsibilities, and explained in various ways that they have a clear understanding of their position and its associated duties.

**Regulatory compliance**

* The organisation receives updates regarding regulation and legislative changes through an external program that monitors legislative changes and regulatory requirements. Monthly reports are reviewed by executive management to inform relevant policy changes and communications.

**Feedback and complaints**

* The organisation maintains processes and systems to ensure complaints and feedback are effectively received, recorded, reported and resolved.

There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. For example:

* The service maintains a record of vulnerable consumers and reviews this bi-annually.
* Risk mitigation strategies are available in care planning and assessment documentation for CHSP and HCP consumers.
* The service has processes to monitor the safety and wellbeing of consumers.
* Training records reviewed show the service provides training in identifying elder abuse to all staff.
* The service demonstrated how services provided, organisational values and staff training promote an approach to risk management which is balanced in promoting consumer choice with safety.
* The service maintains an incident management system, which is used to ensure each incident is responded to in a timely manner, documented and used to inform monthly incident reports.
* The service maintains a clinical incident policy and procedure which provides guidance on responding to, undertaking root cause analysis and assigning roles and responsibilities to incidents.

The organisation’s a clinical governance framework informed through policies and procedures which reference antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. For example:

* The organisation has a sub-committee which reviews clinical data to identify trends and provides this information to the board to inform strategic decision making.
* Staff interviewed were able to describe the organisation’s policies regarding the use of restrictive practices and were able to advise how to locate policy and procedure documentation.
* The staff training records demonstrate that the organisation provides training related to identifying consumer deterioration, restrictive practice and open disclosure.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

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)