**Performance**

**Report**

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| Name: | New Age Home and Community Services |
| Commission ID: | 201313 |
| Address: | 1C Grand Avenue, ROSEHILL, New South Wales, 2142 |
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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: 8956 New Age Community Services Pty Ltd  
Service: 26652 New Age Community Services Pty Ltd

**This performance report**

This performance report for New Age Home and Community Services (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 22 March 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 | **Not applicable** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

# Standard 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 consumers are treated with dignity and respect and their identity, culture and diversity is valued. Consumer care planning documentation highlights that the service is capturing detailed information about consumer personal history, identity, culture and diversity at time of entry to the service. Staff explained that they can easily access this information on their tablets to inform delivery of appropriate care and services. Consumers and representatives advised that staff routinely treat them with dignity and respect, that staff know them well, including their cultural background, and explained that their care and services are tailored to their individual preferences.

The service demonstrated culturally safe care and services for all consumers. Management highlighted that the service offers culturally specific services that support consumers from Serbian, Croatian and Macedonian backgrounds and explained that staff working for the service were from similar cultural backgrounds and shared a common language with many consumers. Management are proactive in recruiting staff from other cultural backgrounds. Consumer care planning documentation clearly showcases consumer cultural backgrounds and includes documentation around aspects of a consumer’s personal life which contributed to what cultural safety means to them. Consumers and representatives advised of their satisfaction relating to how staff understand and deliver culturally safe care to them.

The service demonstrated that consumers are enabled to exercise choice and independence in the planning and delivery of their care and services. Consumers and representatives advised they are encouraged and enabled to have input into the way their care and services are delivered and who makes decisions about their care. Consumers are supported to maintain relationships of choice and advised that the care and services they receive enhance existing relationships.

The service demonstrated support for consumers to engage in risk to enable them to live their best life. The service employs a qualified registered nurse and contracts with allied health professionals, and the Assessment Team observed appropriate referrals for consumer assessment and mitigation of consumer risk. Consumer risk mitigation strategies were not consistently documented in care planning documentation. The service administers relevant policies, procedures and forms to guide staff in supporting consumer choice and risk however the service did not demonstrate completion of dignity of risk forms. Management and staff acknowledged this and committed to continuous improvement actions to ensure a robust dignity of risk process. Consumers and representatives advised the service enables them to engage in risk and feel supported by the service and by the staff.

The service demonstrated that relevant information is provided to each consumer in an accurate and timely manner, that enables choice and is easy to understand. Consumers and representatives advised they receive information that is current, accurate, timely and easy to understand. Copies of consumer care plans are placed in folders within consumer’s homes and they receive routine phone calls from the service. The service administers relevant policies and procedures to guide staff when providing information to consumers, including information provided at the commencement of a service.

The service demonstrated that consumer privacy is respected and their personal information is kept confidential. Consumers and representatives reported no concerns with privacy and confidentiality, and staff demonstrated an appropriate knowledge of consumer privacy and how they maintain consumer confidentiality. The service administers policies and procedures to guide staff in maintaining consumer privacy and confidentiality, and staff advised they have undertaken relevant training and the staff orientation manual and code of conduct supply staff with guidance on sharing confidential information, appropriate use of mobile devices and social media in relation to disclosing confidential consumer details.

# 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 consumer assessment and planning appropriately considers risk to consumer health and wellbeing, and informs safe delivery of care. Consumers and representatives advised they are satisfied with the assessment and planning process, they advised staff listened to their needs and discussed ways to mitigate risk. Care coordinators and clinical staff described how they identify and follow up risk in the care planning process. A comprehensive assessment is completed for consumers upon commencement and during ongoing routine reviews that identify consumer vulnerability, risks to health, cognition, mobility and transfers, nutrition, continence, home safety, non-response to a service and emergency planning. Consumer risks are reflected in their care plans and risk alerts are clearly displayed in

support plans available to care workers. Risk mitigation strategies are included in consumer care plans, however management highlighted their continuous improvement actions to ensure that consumer risk mitigation strategies are clearly referenced in the support plan viewed by field staff.

The service demonstrated that consumer assessment and planning processes effectively capture current information about consumer needs, goals, and preferences. Consumers and representatives advised that this information is maintained up to date through regular communication with staff. The Assessment Team reported however that consumer assessment and care plans do not record information regarding advance care and end of life planning. The service administers a relevant policy but does not maintain procedures to guide staff, and training has not been provided. Management highlighted that this is included as a continuous improvement action on the service’s plan for continuous improvement.

The service demonstrated assessment and planning involved ongoing partnership with consumers and those they wish to be involved in their care, including brokered services and other external providers. Consumers and representatives confirmed they are involved in deciding the care and services they receive, and care coordinators advised that they have well established relationships with general practitioners, who consult regularly about the care and needs of consumers. Consumer care plans list ‘participants in care’, including substitute decision makers, and record whether a care plan copy has been provided. Care plans also highlight relevant information such as related allied health, cleaning contractors, and equipment suppliers.

The service demonstrated that outcomes of assessment and planning are effectively communicated to consumers and available in each consumer’s care and services plan. All consumers and representatives advised they have a copy of their care plan, and the Audit Team reported that consumer care plans are comprehensive, and include relevant support plans and progress notes to inform safe delivery of care and services. Support workers advised that consumer care plans are accessible, accurate and contain relevant information to deliver appropriate and safe care and services.

The service demonstrated that consumer care and services are regularly reviewed for effectiveness, as well as when a consumer’s circumstances change or when incidents impact on their needs, goals, or preferences. Consumers and representatives advised that care and services are regularly reviewed and highlighted effective communication with staff if they experience any changes impacting their needs and/or health. Relevant policies and procedures guide review of care and services on a routine basis. The service administers a review tracking system and there were no annual reviews. Consumer progress notes show regular monitoring calls are actioned to check on consumer well-being, satisfaction, and sufficiency of services.

# 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 consumers receive safe and effective personal and clinical care. Consumer receiving ongoing personal care are effectively assisted with medication, and receiving wound care from the registered nurse. Consumers and representatives advised they are satisfied with the quality of personal and clinical care, that services are safe, tailored to their needs and optimises their health and well-being. Care coordinators advised that consumers with high clinical needs, including wounds, are managed by their general practitioners with regular updates provided to the service. A registered nurse (RN) is employed one day per week, and as clinical issues are referred to general practitioners, the RN focuses on consumer assessment and reviews. Allied health subcontractors sign contracts, relevant checks are undertaken and the providers regularly communicate by phone and email with the service about consumer progress, risks, and health status. Buddy shifts are utilised to support introduction of new staff, and consumer care plans effectively highlight consumers’ current personal care needs and care coordinators regularly seek verbal feedback from care staff and consumers after services. Staff demonstrated appropriate familiarity with the personal and clinical care needs of individual consumers, and consumer care documentation demonstrated evidence of safe personal care and services tailored to individual consumer needs. Best practice guidelines are available to staff on topics such as medication management, falls prevention and management, wound care, and behaviour management.

Consumers and representatives highlighted their confidence that risks associated with their care are managed well and explained that staff are risk aware and report any concerns to the office promptly. Management identified falls, medication safety and environmental safety as key high impact or high prevalence risks for consumers within the service. Consumer risk screening assessments, conversations with consumers about risk, and mitigation strategies are recorded in consumer care plans and progress notes. The service administers policy and guidance documents to support staff regarding consumer risk, and care coordinators refer consumers with clinical concerns to qualified clinical staff or external providers to ensure mitigation of the risk. The Assessment Team reported however, that consumer incident reporting is inconsistent, and an effective incident register is not maintained to enable proactive risk management. The service does not include unwitnessed incidents such as falls or medication errors when they occur outside a service. The service was unable to demonstrate formal meeting structures or systems to report trends and mitigation strategies through to management. The service does not maintain a consumer clinical risk register and dignity of risk assessments are not formally documented when consumers are declining personal care or clinical care. The service was unable to demonstrate a serious incident reporting scheme (SIRS) log, and staff lacked knowledge regarding SIRS reporting requirements, and SIRS training had not been conducted. Management highlighted the concerns raised by the Assessment Team and confirmed that these issues are included in the services PCI. I considered the Assessment Team’s recommendation and the impact on consumers, and find the service is compliant in Requirement 3(3)(d). I have, however, reflected on the need for robust risk management systems and processes in Standard 8.

The service administers relevant policies and procedures to guide staff in end-of-life care. Management advised that end of life care is rarely provided as most consumers leave the service after being admitted to hospital or residential aged care facilities. Management highlighted that the service would provide appropriate care and supports in accordance with consumer needs and preferences, with suitably experienced workers and in partnership with palliative care teams and others delivering care.

The service demonstrated changes in consumers’ conditions and care needs are recognised and responded to in a timely manner. Consumers and representatives expressed confidence that the service and staff routinely identify and respond to consumer deterioration or change in condition. Support workers demonstrated effective checks on consumer health and well-being and escalate concerns to the care coordinators. Support worker feedback is sought daily by care coordinators and concerns about deterioration are escalated to the case manager or service management.

The service demonstrated that information about consumers’ conditions, needs and preferences is communicated within the organisation and with others responsible for consumer care. Consumers and representatives expressed their satisfaction that the service deploys effective communication systems to ensure care workers understand their needs and preferences, and when changes occur with their services. Care coordinators and clinical staff demonstrated how changes in consumers’ care and services are effectively communicated verbally, via emails and in progress notes to staff. The service also maintains regular contact with external providers.

The service demonstrated that appropriate referrals are made to other providers and services in a timely manner. Consumers and representatives advised they are satisfied that when needed, the service assists with making timely referrals to appropriate providers external to the service. Clear referral processes are established within the service and care coordinators utilise an up to date referral directory. Consumer care documentation highlights appropriate and timely referrals to a wide range of providers including physiotherapists, occupational therapists, dietitians, podiatrists, equipment suppliers, and medical practitioners.

The service demonstrated effective minimisation of infection related risks to prevent and control infection. Consumers and representatives expressed their satisfaction with the measures taken by staff to protect them from infection and the service administers relevant policy and procedures to guide infection control practices, including COVID-19 and outbreak plans. Staff undertake routine training on infection control practices and relevant personal protective equipment (PPE) is maintained and made available for care staff. The service administers a policy on antimicrobial stewardship (AMS) that outlines the role of registered nursing staff in communicating with general practitioners when ongoing antibiotic therapy is prescribed.

# 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. | Compliant |

Findings

The service demonstrated that consumers receive supports for daily living that meet their needs, goals, and preferences. Consumers and representatives advised that they participate in safe activities that optimise their independence, health, and quality of life. Supports for daily living include domestic assistance, gardening and home maintenance, transport, and home modifications. Lifestyle activities include individual and group social outings, support for exercising, providing companionship and assisting on shopping trips. Staff demonstrated appropriate knowledge of individual consumer needs, goals, and preferences and how they support consumers in their chosen activities. Consumer care documentation highlighted that the service effectively captures relevant information about consumers’ interests, social needs and leisure activity preferences.

The service demonstrated that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and representatives conveyed that they feel comfortable, happy and safe with their support workers and advised that care workers check how they are on each visit and feedback any concerns to their case managers. Care coordinators advised that the service ‘matches worker to needs’ as best they can to support individual consumer emotional and spiritual well-being and consumer care documentation highlighted relevant consideration of individual consumer emotional, spiritual or psychological needs.

The service demonstrated that services and supports for daily living assist consumers to participate in their community, maintain social and personal relationships, and to participate in activities of interest to them. Consumers and representatives provided positive feedback on the range of opportunities to build and maintain relationships and pursue meaningful activities of interest in their community.

The service demonstrated that information about consumer conditions, needs and preferences in relation to supports and services for daily living are communicated within the organisation and with others responsible for care. Consumers and representatives expressed confidence that their needs and preferences are communicated effectively within the organisation and with external providers. Care coordinators routinely share information by phone and email, and reflect this in consumer care plans and progress notes, and care staff demonstrated an appropriate knowledge of what is important to individual consumers in relation to maintaining their independence, wellbeing and quality of life.

The service demonstrated that timely and appropriate referrals for consumers to other organisations and to individual providers of care and services of their choice. Consumers and representatives advised of their satisfaction with how referrals are facilitated by care coordinators, and consumer care documentation highlighted that the service liaises with appropriate providers in a timely manner.

The service demonstrated that where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and representatives advised that equipment is suitable and safe and explained they would contact management if they had concerns. Care coordinators assist consumers to book equipment in for services if requested, and care workers notify care coordinators of any equipment that appears to need repair or replacement. Equipment prescription is completed by occupational therapists or physiotherapists, and care coordinators maintain a register of purchased equipment and the service administers relevant processes to ensure their fleet of vehicles is maintained.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The service demonstrated that consumers and others involved in their care are encouraged to provide feedback and make complaints. Consumers and representatives advised they are confident to make complaints and to contact the service for any issues that arise. Care coordinators highlighted that they are in regular contact with consumers and representatives and address issues as they arise. Consumers confirmed they are contacted on a regular basis by coordinators to discuss rosters, services and staff attending services. Management visit consumers at their home when issues arise to facilitate prompt resolution of a complaint. Consumers are provided a welcome pack and client home file upon commencement with the organisation and this contains information on how to make complaints and provide feedback, including feedback forms, internal complaints process, and external complaints process including the Aged Care Quality and Safety Commission’s contact details.

The service demonstrated that consumers have access to language services and other methods of raising complaints. Relevant brochures were observed in the office in other languages and outline methods of raising complaints, including the Commission complaints contacts. Management highlighted that the majority of consumers are Serbian, Bosnian and Croatian, and information is routinely provided in these languages.

The organisation was unable to demonstrate an appropriate complaints management system which includes open disclosure. While complaints were observed to be addressed in a timely manner by management, there is no formalised system to track and monitor complaints, outcomes, and evaluation of strategies to manage the complaints, or to ensure that improvements are made to systems and processes to prevent them from happening again. The service was unable to demonstrate that open disclosure process is practiced when things go wrong. Consumer feedback and complaints are documented in progress notes, and only a small number are formally recorded in the service’s complaints register. Documentation highlighted that complaints are acted upon in a timely manner and staff and management contact the consumer or representative to discuss the issues and investigate suitable solutions. The organisation’s policy and procedures around complaints handling do not reflect the practices within the organisation and while complaints are recorded, they are not maintained in a manner that allows for monitoring and review of complaints to improve services and prevent future concerns. Management explained that reflective of majority of consumers’ culture, management call the consumer and representative as they expect a solution rather than an apology. Management explained that consumers do not practice open disclosure as their consumers do not expect an apology. In their response to the Quality Audit Report, the Provider highlighted that the organisation has implemented updates to their complaints management processes, including ensuring open disclosure principles are applied and consumer and representative responses are documented. The organisation has also implemented a complaint management register and routinely discuss feedback and complaints at regular meetings, that include the service’s registered nurse, to ensure that complaints are managed effectively.

Due to minimal documentation of feedback and complaints in a formalised manner, the organisation was unable to demonstrate that this data is effectively used to improve the quality of the care and services. Verbal feedback does not enable the service to track feedback and complaints and determine where improvements are required, including education and training or changes to processes. In their response to the Quality Audit Report, the Provider highlighted their implementation of a formalised system to track and monitor complaints via their complaints management register. The Provider explained that this will enable the organisation to evaluate strategies to manage complaints and to drive continuous improvements to systems and processes to best support consumers.

I acknowledge the continuous improvement actions undertaken by the organisation to ensure appropriate action is taken in response to consumer complaints and to ensure that feedback and complaint data is reviewed to improve quality of care and services. However, these actions will require time to embed and evaluate, and as such, at this time, I find the service non-compliant in Requirements 6(3)(c) and 6(3)(d).

# 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 a workforce that is planned to enable delivery of safe and quality care and services. Consumers and representatives provided positive feedback about staff including the standard and quality of care staff provide to them. Quality care and services is monitored via routine communication between care coordinators and rostering staff when a consumer commences services and when a new support worker is first rostered to a consumer. Consumer progress notes demonstrated, and staff confirmed, that care coordinators contact staff to ensure they have the skills, ability, and knowledge to care for individual consumers. Care coordinators and management regularly contact consumers seeking feedback on their services to ensure they are satisfied with new staff.

The service demonstrated that interactions with consumers are kind, caring and respectful. Consumers and representatives reinforced that staff are respectful. Induction packs for newly recruited staff include information on code of conduct, and the service prioritises dignity and respect when delivering services to consumers. The service administers appropriate policies and procedures that include referencing consumer respect, dignity, and cultural diversity.

Consumers and representatives advised that staff have the skills to attend to their needs and management advised that consumer centred care remains a focus of the service through experience and on the job mentorship. Staff demonstrated effective awareness of individual consumer needs when scheduling services and are aware of escalation procedures within the service to clinical staff and other health professionals when needed. Staff demonstrated appropriate management of consumer feedback, complaints and incidents. Clinical staff have commenced implementation of medication administration competencies with support workers including theory and practical sessions, and staff induction education includes online and practical education on manual handling and infection control procedures.

The service delivers training to staff related to the Quality Standards, and consumers and representatives are satisfied with the quality of staff and their performance. Staff demonstrated effective knowledge of manual handling, first aid and CPR, dementia training, and infection, prevention and control. The service provides a recruitment pack to new staff that includes information on maintaining professional boundaries, communication, documentation, medication policy, manual handling, health and safety, code of conduct, infection control policy including standard and transmission-based precautions, PPE, handwashing, waste management, and hazard identification. The Audit Team reported that not all staff are aware of antimicrobial stewardship and its significance on consumer condition and care. The service demonstrated however that competencies are completed for clinical staff, including theory and practical sessions, and are included in staff files. Field staff have access to the service’s mobile online application (app) to access consumer information while providing services, including care support plans, policies, progress notes, incident reporting and feedback and complaints. Care coordinators view consumer progress notes daily, and staff advised that they have access to relevant information needed to complete consumer services.

The service demonstrated an effective informal approach to reviewing staff performance. Staff and management advised that managers and coordinators maintain regular communication with staff regarding consumer needs and services. Coordinators routinely contact staff and consumers after a service delivery to discuss issues, including the staff member’s skills to manage the needs of the consumer, as well as ensuring staff are matched well to the consumer in terms of communication, personality and preferences. Management highlighted that this information provides them with oversight of staff performance based on consumer feedback and reports from coordinators and rostering staff, however highlighted that a performance appraisal process would ideally be documented and be formalised in the future. Consumers provided positive feedback regarding staff and the care and services they provide.

# 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. | Not 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. | Not Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Not 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. | Not Compliant |

Findings

The organisation was unable to demonstrate a robust formal engagement with consumers in the development, delivery and evaluation of care beyond the service level and individual consumer needs and wants. The organisation had not established a consumer advisory body. The organisation was able to demonstrate routine consumer input into care and services such as outings and social activities organised by the service, and management highlighted that consumers are invited to different outings to socialise with other consumers, however, while consumers are asked to provide feedback on their services, feedback and complaints are usually verbal and not captured in a system that allows the organisation to monitor trends and implement continuous improvements.

At the time of the Quality Audit, the organisation was unable to demonstrate an operational governing body or consumer advisory body, or that the organisation promotes a culture of safe, inclusive and quality care and is accountable for its delivery. Consumer assessment and planning appropriately considers risk to consumer health and well-being and is documented in a way that assists staff to minimise individual risk to consumers, however there is no formal governance mechanism to demonstrate a culture of safety and accountability. Organisational level meetings are minimal, and the organisation was unable to demonstrate relevant committees or forums to monitor, review, report and advise on safety and quality.

In their response to the Quality Audit Report, the Provider advised that the organisation has established a governing body, and highlighted that this governing body is scheduled to meet monthly and is accountable for organising meetings related to consumer feedback, complaints and incidents. I acknowledge the efforts made by the organisation to ensure compliance with the Aged Care Quality and Safety Standards, however note that time to embed and evaluate this system is required. As such, at this time, I find the service non-compliant in Requirements 8(3)(a) and 8(3)(b).

The organisation demonstrated a comprehensive suite of policies and procedures that address all aspects of quality care in line with the Aged Care Quality Standards. However, the service was unable to demonstrate that their operational practices are consistent with these policies and procedures. Some relevant information is not readily available, including minutes of meetings and information regarding consumer incidents is documented in consumer progress notes which does not allow for tracking and monitoring of incidents in a wider systemic manner. Continuous improvement is not effectively planned and does not drive improvements within the organisation. The organisation was unable to demonstrate that the processes outlined in their continuous improvement policy, including the use of feedback and incidents, meetings, and robust auditing processes are administered. Staff and subcontractors complete relevant contracts which include relevant employment checks, however staff performance reviews are not completed in a formalised manner or in line with current policies, and the organisation lacks evidence of infection control oversight related to the workforce, including data analysis, auditing, and continuous improvement. Staff and management were unaware of relevant regulatory compliance requirements, including the need for a governing body and consumer advisory body. There was a knowledge gap regarding banning orders for support workers, and the organisation was unable to demonstrate systems or processes to maintain knowledge of legislative changes within Aged Care. Consumer feedback and complaints are not captured in a manner that supports effective evaluation, tracking and analysis beyond the level of the consumer, therefore, improvements to care and services are not being identified, managed and evaluated. In their response to the Quality Audit Report, the Provider highlighted their introduction of a staff newsletter, establishing a workforce vaccination register and ensuring that all relevant meetings are comprehensively recorded and include compulsory topics including open disclosure and consumer incident reporting. The organisation is working with an advisory company to deliver a more robust continuous improvement system and outcomes, and the organisation is providing focus on documented workforce performance reviews and routine review of the Commission’s workforce banning order register. I acknowledge the efforts undertaken by the organisation, however at this time provide greater weight to the Audit Team’s findings in respect to effective organisation wide governance systems. As such, I find the service non-compliant in Requirement 8(3)(c).

The organisation was unable to demonstrate effective risk management systems. The organisation administers relevant policies and procedures however these are not used in practice. Consumer incident management systems are not effective at managing risks for consumers, including serious incident reporting requirements and are not used to drive continuous improvement. Staff were unable to demonstrate appropriate knowledge of serious incident reporting scheme requirements, and the organisation does not administer an effective dignity of risk process to support consumers to make informed choices, including discussion and documentation of consequences when consumers choose to engage in risk. The organisation’s incident management system is not effectively or routinely being used to document consumer incidents, nor is the system being used to collate, trend or analyse incident data. In their response to the Quality Audit Report, the Provider highlighted their action to ensure that all staff are appropriately trained in serious risk identification and management, and advised that the service’s consumer assessment form now ensures relevant discussions occur between consumer and the service relating to dignity of risk. I acknowledge the efforts undertaken by the organisation, however at this time provide greater weight to the Audit Team’s findings in respect to effective risk management systems and practices. As such, I find the service non-compliant in Requirement 8(3)(d).

The organisation was unable to demonstrate an effective clinical governance framework. The organisation administers a clinical governance policy, however service practices are not in line with this policy. Clinical staff undertake consumer assessments and reviews, manage deterioration and manage the clinical needs of consumers, however they are not routinely aligned to relevant meetings with care coordinators to discuss relevant consumer information. The organisation administers a policy on antimicrobial stewardship which outlines the role of registered nursing staff to communicate with general practitioners when ongoing antibiotic therapy is prescribed, however this policy and procedures are not implemented at the service. The organisation and staff advised that consumers are not subject to restraint, including physical, mechanical and environmental restraint, however, staff were able to demonstrate general knowledge of restrictive practices. Open disclosure principles are not routinely practiced across the organisation, and management and staff demonstrated a lack of awareness and knowledge around its definition and purpose. The organisation was unable to demonstrate appropriate systems or procedures to ensure open disclosure is applied when necessary. In their response to the Quality Audit Report, the Provider highlighted that staff are provided antimicrobial stewardship training and the organisation has taken action to ensure that open disclosure is applied to complaint, incident and feedback procedures and that the organisation promotes best practices to ensure delivery of quality services to consumers. I acknowledge the efforts undertaken by the organisation, however at this time provide greater weight to the Audit Team’s findings in respect to an effective clinical governance framework. As such, I find the service non-compliant in Requirement 8(3)(e).

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)