**Performance**

**Report**

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| Name: | OSAN Ability Assist Pty Ltd |
| Commission ID: | 201390 |
| Address: | Suite 37A, 24 Lexington Drive, BELLA VISTA, New South Wales, 2153 |
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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: 9271 OSAN Ability Assist Pty Ltd  
Service: 27061 OSAN Ability Assist Pty Ltd

**This performance report**

This performance report for OSAN Ability Assist Pty Ltd (**the service**) has been prepared by Katrina Platt, 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 24 June 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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.

* Requirement 3(3)(b) – the approved provider ensures effective management of high-impact and high-prevalence risks including behaviour management, falls management and skin integrity and wound management. Effective risk assessments are conducted to ensure personal and clinical care risks for consumers are identified, monitored and evaluated.
* Requirement 8(3)(c) – the approved provider ensures effective organisation wide governance systems are in place, particularly for information management, regulatory compliance and feedback and complaints.
* Requirement 8(3)(d) – the approved provider ensures effective risk management systems and practices are implemented for managing high-impact or high-prevalence risks and managing and preventing incidents, including the use of an incident management system.

# Other relevant matters:

OSAN Ability Assist Pty Ltd provides home services for home care package funded consumers and NDIS participants living in the Sydney region. The service has 161 HCP consumers receiving packages across levels 1 to 4, and from a range of culturally and linguistically diverse backgrounds. Services include personal care, domestic assistance, social support, transport, allied health, gardening, and maintenance. Currently no consumers are receiving clinical care support. Subcontracted companies are engaged to match consumer preferences for a support worker with a specific language and culture and services include case management, domestic assistance, personal care, social support, physiotherapy, lawn mowing, gardening, and home maintenance.

Standard 4 Requirement (3)(f) was not assessed as the service does not provide meals or food within the organisation’s service environment. Standard 5 was not assessed as these services/supports are not provided by OSAN Ability Assist Pty Ltd at this service.

# 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 Quality Standard is assessed as Compliant as 6 of 6 Requirements have been assessed as Compliant.

Consumers and consumer representatives indicated they were treated with respect and dignity and felt their culture and diversity were valued. Staff were knowledgeable about individual consumers and described mechanisms used which ensured consumers were treated appropriately and valued for their culture and diversity. Care documentation, which included initial assessments and care plans, held limited cultural information for individual consumers, which was noted for rectification.

Consumers and consumer representatives were satisfied the services and supports received were culturally safe. Staff discussed individual consumer cultural safety requirements and consumer needs and preferences for assistance provided. Care documentation evidenced consumer information limited to country of birth, language spoken and religious preferences.

Consumers and consumer representatives said they exercised choice and independence and were supported to develop and maintain important relationships. Whilst care plans lacked specific details about consumer choices for those involved in their care, staff described support provided to consumers to exercise individual choice and maintain independence.

Consumers and consumer representatives were satisfied with support received to take risks which enabled them to live the best life they can. Staff were informed about individual consumer risks and feedback from consumers evidenced support provided which was consistent with consumer choice. Risk profiles and risk mitigation strategies for consumers with falls risks were incorrect or not evidenced in care plans, however staff were knowledgeable about individual consumer risks and implemented risk management strategies when required.

Consumers and consumer representatives expressed satisfaction with communication methods and information provision, and noted home care agreements and monthly statements were easily followed and understood. Staff provided examples of accurate and timely information provided and noted consumer preferences for verbal communication and the availability of written resources. The consumer handbook provided information to consumers on service commencement, contained relevant information including Aged Care Charter of Rights, privacy, and complaints and was available in multiple languages.

Consumers and consumer representatives said their privacy was respected and personal information was kept confidential. Consumer hard copy information was stored securely and appropriately and electronic records were securely stored.

# 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 Quality Standard is assessed as Compliant as 5 of 5 Requirements have been assessed as Compliant.

Whilst assessment and planning identified risks and vulnerabilities on initial consumer engagement, risk mitigation strategies were not documented in consumer care plans to guide staff practice and inform safe and effective care delivery. Whilst staff were knowledgeable about consumer risks and conducted verbal handovers, care plans lacked guidance on risk mitigation strategies for behaviour management, diabetes management and falls prevention. Management discussed continuous improvement measures which included implementation of validated assessments.

In response to the Assessment Team report, the approved provider noted improved care assessment and care plan formats are being introduced to ensure intervention strategies are captured. A revised clinical care plan template was provided, accompanied by staff guidance detailing key consumer needs and goals and intervention and evaluation strategies for health and well-being. The approved provider advised initial care assessment and planning is being undertaken across all services and validated assessment tools for falls, skin integrity, pain, oral health, delirium, continence, and cognitive risk have been implemented and will inform the ongoing care and planning assessment process.

* 1. The approved provider indicated behaviour monitoring and analysis is being conducted through progress notes, behaviour logs and incident reporting, which then informs scheduled care plan reviews and appropriate management strategies as required. Similarly, other consumer risks including falls are being managed through monitoring and analysis and care plan reviews.

In making a decision on Requirement 2(3)(a), I have considered the intent of the Requirement and the actions taken by the approved provider to ensure assessment and planning is effective and consumer risks are identified and assessed to ensure the safety, health, and well-being of consumers is not compromised. I am satisfied with the actions taken, the responsiveness to the needs of consumers and the commitment to continuous improvement demonstrated by the approved provider. I therefore find Requirement 2(3)(a) is Compliant.

Consumer needs, goals and preferences were not consistently documented. Whilst advanced care planning discussions occurred and staff were familiar with consumer preferences for palliation and end of life care, the needs and preferences of consumers were not documented in care and services plans. Consumer goals were not captured in the electronic care system and knowledge about consumer needs and preferences was inconsistent between management and staff.

In response to the Assessment Team report, the approved provider discussed the implementation of several ongoing measures to ensure effective identification of consumer needs, goals and preferences and that effective risk management strategies have been developed and implemented. These include ongoing care plan reviews, initial risk assessments and advance care planning, regular care assessment and validated assessment tools to monitor consumer needs and risks. Consumer goals are documented and a range of processes ensure consumer choice and cultural preferences are discussed and identified and are subject to ongoing review. The approved provider acknowledged the importance of information accuracy in care plans to ensure consumer needs, goals and preferences are clear and all equipment needs are monitored, reviewed and captured in consumer care plans.

In making a decision on Requirement 2(3)(b), I have considered the intent of the Requirement in ensuring care and services are centred on the needs, goals and preferences of the consumer. I am satisfied that consumers have been engaged in planning the care and services important to them and consumers and consumer representatives are supported to make informed decisions. The approved provider has demonstrated that appropriate procedures are in place to ensure the assessment and planning of care and services is consumer-centred and staff guidance and training is appropriate.

I therefore find Requirement 2(3)(b) is Compliant.

Consumers and consumer representatives discussed their positive engagement and partnership in care planning, assessment and review of care and services provision which reflected consumer needs and choice. Staff confirmed other providers of care included physiotherapists, podiatrists, and occupational therapists. Care documentation evidenced regular assessment and monitoring and recorded assessed needs for consumers received from allied health professionals.

Consumers and consumer representatives confirmed they were advised of assessment outcomes and received care plan copies. Staff were informed about assessment and planning outcome discussions with consumers and consumer representatives and were familiar with care plan accessibility. Management confirmed involvement of the consumer and their families in care plan development and noted care plans were provided in consumer welcome packs.

Consumer care and services were not regularly reviewed for effectiveness when consumer conditions changed or when consumer needs were impacted by incidents. Care reassessments were not completed following hospitalisation or when incidents occurred. When falls or behaviour assessments were undertaken, care plans were not updated and effective risk mitigation strategies consistent with consumer needs and preferences were not always identified and implemented.

In response to the Assessment Team report, the approved provider established ongoing scheduled reviews of care plans, progress notes and monthly reporting mechanisms to ensure consumer information is current and reflects consumer needs, goals and preferences. Effective risk management strategies as recommended by clinicians are implemented and risk assessments are conducted for ongoing monitoring and inform scheduled care plan reviews, which are conducted 6 monthly and as required. Incident monitoring ensures critical information is communicated to staff to raise awareness and ensures safe and effective care and services delivery.

In making a decision on Requirement 2(3)(e), I have considered the intent of the Requirement which expects organisations to regularly review care and services to ensure plans are up-to-date and meet the consumer’s needs safely and effectively. Care plans must also be reviewed when changes occur to consumer’s conditions, situational changes or when incidents or accidents happen. I am satisfied the actions taken by the approved provider demonstrate their commitment to meeting the intent of Requirement 2(3)(e), which I find is Compliant.

# 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. | Not 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 have assessed this Quality Standard as Not Compliant as I am satisfied Requirement 3(3)(b) in this Quality Standard is Not Compliant.

Effective management of high-impact and high-prevalence risks was not demonstrated. Clinical data collection and reporting was not used to identify high-impact and high-prevalence risks and emerging trends, although was noted by management as an area for continuous improvement. Required behaviour monitoring was not recorded in consumer care plans and was therefore not conducted. Recommended falls prevention strategies were not implemented and skin assessments were not completed for consumers at high risk of pressure injuries and when changes to skin conditions were reported.

In response to the Assessment Team report, the approved provider noted a clinical manager will be joining the organisation to establish robust reporting for clinical indicators, governance and clinical oversight. The plan for continuous improvement indicated a number of actions were being undertaken which included (but was not limited to) implementation of risks and vulnerability assessment tools, risk register monitoring protocols and review of assessment procedures to ensure appropriate clinical care domains and associated risks were captured. Clinical care meetings are being reinstated to review clinical risk register and consumers identified with high-impact or high-prevalence risks.

In making a decision on Requirement 3(3)(b), I have considered the intent of the Requirement which ensures consumers are supported with their independence and self-determination and can make choices about the risks they take. This also means risk assessments are conducted to manage high-impact and high-prevalence risks related to personal and clinical care of consumers. Whilst I acknowledge the actions taken by the approved provider, they will take time to implement effectively into staff practice. I therefore find Requirement 3(3)(b) is Not Compliant.

I am satisfied Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) are Compliant.

Consumers and consumer representatives were satisfied with personal care provision and discussed personal care tailored to their individual needs and supports which optimised health and well-being. Staff described personal care provision consistent with individual consumer needs and preferences.

Consumers and consumer representatives were involved in advance care planning and discussions about end of life needs and preferences. Staff described comfort measures and maintaining dignity for consumers nearing end of life.

Consumers and consumer representatives were confident that consumer deterioration and capacity or condition changes were responded to in a timely manner. Staff understood the signs of deterioration and described escalation procedures. Care documentation evidenced updated progress notes which captured consumer deterioration and changes and completed incident forms. Reassessments were conducted after consumer deterioration was noted and after hospitalisation.

Consumers and consumer representatives said consumer needs and preferences were effectively communicated. Staff discussed being informed about consumers’ needs, goals and preferences through various communication methods and handovers. Care documentation demonstrated staff accessibility to assessments and reports from allied health professionals.

Consumers and consumer representatives confirmed appropriate and timely referrals occurred. Care documentation evidenced referrals to occupational therapists, physiotherapists and podiatrists and recommendations for assistive equipment were actioned and provided to consumers.

Consumers and consumer representatives were satisfied with staff practices for infection control. Staff confidently described infection control measures which included hand hygiene, mask wearing and cleaning practices. Mandatory education and staff competency were demonstrated and staff immunisations were completed and monitored.

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

Findings

This Quality Standard is assessed as Compliant as 6 of 6 relevant Requirements have been assessed as Compliant.

Consumers and consumer representatives confirmed they received safe and effective daily living services. Staff were knowledgeable about daily living supports and services required for individual consumers, which included social walks, scenic drives and grocery shopping. Daily living supports and services were not documented in care documentation, which was acknowledged by management and identified in the plan for continuous improvement.

Consumers and consumer representatives were satisfied with support received for their emotional, spiritual and psychological well-being. Staff described daily living supports provided that included social activities with one to one interactions, religious activities and conversations which promoted connection. Daily living supports and activities were not consistently captured in care documentation, which management confirmed was included in the plan for continuous improvement.

Consumers and consumer representatives were satisfied with daily living services and supports which connected them with community, developed relationships and enabled them to engage in activities of interest to them. Staff described services and support provision which included domestic assistance, shopping activities and social and religious engagements within the community.

Consumers and consumer representatives confirmed staff were knowledgeable about their individual daily living supports and services and actively engaged with staff about their needs and preferences. Consumer needs and preferences information was shared between management and staff and others including allied health professionals. Management discussed communication channels provided to staff for guidance when supporting consumers and comprehensive notes were demonstrated in care documentation which evidenced appropriate information sharing.

Consumers and consumer representatives expressed their satisfaction with care and services provided for daily living and some discussed referrals to allied health professionals. Management discussed that referrals to other services including allied health professionals were regularly offered and consumer choice about attendance was supported. Care documentation evidenced recommendations for treatment and assistive aids from other care and services providers.

Requirement 4(3)(f) was not assessed as the service does not provide meals or food within the organisation’s service environment.

Whilst specific daily living equipment provision was not evidenced, equipment such as personal alarms, wheelchairs and beds were documented purchases for consumers. Management confirmed other equipment including walking sticks and walking frames were owned by most consumers before commencement of services, and were evidenced in the equipment register when provided. Home modifications relevant to individual consumer needs and preferences were demonstrated, and whilst were not subject to occupational assessment were reflective of consumer choice.

# 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

This Quality Standard is assessed as Compliant as 4 of 4 Requirements have been assessed as Compliant.

Consumers and consumer representatives confirmed their feedback was regularly sought and expressed they were comfortable making complaints. Appropriate information about complaints and feedback was provided to consumers through the charter of aged care rights, consumer information pack and home care agreement. Consumer feedback was evidenced in consumer feedback forms, which confirmed positive feedback about staff and services.

Consumers and consumer representatives were familiar with external complaint processes and received language support from staff when required. Staff were familiar with external complaint referrals to the Commission. Management indicated interpreters were provided when necessary, however staff were fluent in several languages and provided complaint support.

Consumers and consumer representatives noted their concerns were addressed and confirmed apologies were provided when things went wrong. Staff were familiar with internal complaint processes and improvement actions were being implemented to address knowledge gaps related to open disclosure. Management and staff responses to complaints were timely and appropriate, and further information and explanations were offered which ensured consumer understanding.

Consumers and consumer representatives were satisfied their feedback contributed to service improvements. Consumer feedback and complaints were registered and discussed during regular management meetings. Whilst no formal systems were evidenced for complaint monitoring and trending, management were committed to improvements through the plan for continuous improvement and committee engagement with consumers and consumer representatives.

# 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

This Quality Standard is assessed as Compliant as 5 of 5 Requirements have been assessed as Compliant.

Consumers and consumer representatives noted sufficient staff were available to ensure quality care and services provision and indicated continuity of care was practiced. Staff confirmed adequate rostering to complete tasks and rosters evidenced staff skills, training and qualifications were matched to consumer care needs. Workforce management was demonstrated through daily electronic roster monitoring and additional contract services were engaged which ensured consumer language, cultural and faith-based preferences were aligned with staff.

Consumers and consumer representatives said staff were respectful and caring and described respectful support provided during consumer engagement. Staff spoke respectfully about consumers they cared for and respectful telephone engagement with consumers was observed.

Consumers and consumer representatives expressed confidence in the workforce, their abilities and qualifications. Management noted monthly pre-employment and ongoing workforce compliance audits were undertaken and tracked, as were contractor agreements. Staff competency assessments were undertaken annually for hand hygiene and manual handling and ongoing competency and compliance monitoring was identified for continuous improvement.

Appropriate recruitment and staff induction processes were demonstrated. Staff education and training delivery was evidenced through multiple online and in-person channels and additional training needs were identified through internal quality audits, clinical risk register analysis and management meetings. Staff participation in mandatory training for elder abuse awareness and prevention, dementia and understanding behavioural changes, open disclosure and apology, food handling basics, domestic assistance in a client’s home, the Serious Incident Response Scheme, infection prevention control and work health and safety was evidenced.

Workforce assessment, monitoring and performance reviews were demonstrated. Staff felt supported through the probation and performance review processes and regular performance feedback was provided. Staff training needs were discussed during annual performance reviews.

# 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. | 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. | Compliant |

Findings

I have assessed this Quality Standard as Not Compliant as I am satisfied Requirements 8(3)(c) and 8(3)(d) in this Quality Standard are Not Compliant.

Effective governance systems were demonstrated for continuous improvement, financial governance and workforce governance. Some deficiencies in information management were observed related to consumer care records access and documentation, which impacted the quality of information available to inform care provision. Regulatory compliance systems were not demonstrated for maintaining legislative compliance and workforce compliance checks against the aged care banning orders register. Feedback and complaints were not consistently registered and were not used to inform continuous improvement.

In response to the Assessment Team report, the approved provider noted an experienced quality and compliance manager was recruited to enhance systems, optimise processes and support staff upskilling to ensure efficient operation of governance systems and ongoing compliance during the period of organisational growth. A plan for continuous improvement was submitted which identified several planned actions and outcomes which are being implemented and assessed and are due for completion by 1 November 2024.

In making the decision on Requirement 8(3)(c), I have considered the intent of the Requirement and the need for effective organisational wide governance systems which improve outcomes for consumers. The approved provider has submitted evidence of the actions to be taken to implement effective governance systems by 1 November 2024. Whilst I acknowledge the actions and commitment of the approved provider, it takes time to effectively implement and embed systems at the organisational and service level. I therefore find Requirement 8(3)(c) is Not Compliant.

Effective risk management systems and practices were not demonstrated. Policies and guidelines were evidenced for responding to consumer abuse and neglect and staff were familiar with reporting under the Serious Incident Reporting Scheme. Systems were evidenced which supported consumers to live the best life they can. Incidents were not thoroughly investigated and analysed for risk prevention and risk management strategies were not consistently implemented and documented. High-impact and high-prevalence clinical risks were not consistently captured, analysed and reported as clinical indicators and used to improve clinical outcomes for consumers.

In response to the Assessment Team report, the approved provider discussed implementation of data collection and incident monitoring systems to support scheduled care plan reviews and updates. Incidents are being closely monitored and analysis has not identified any increasing trends. The plan for continuous improvement identified several planned and completed actions (including but not limited to) enhancements to the clinical risk register, identification of high-impact and high-prevalence risks during care assessment and planning and additional staff training and clinical competency assessments.

In making a decision on Requirement 8(3)(d), I have considered the intent of the Requirement which requires that effective systems and processes be in place to identify and assess the risks to the health, safety and well-being of consumers. When risks are identified, effective risk management systems are required to evaluate incidents and ‘near misses’ and this information is used to improve the delivery of care and services to consumers. Whilst I acknowledge the actions taken to date and the commitment of the approved provider, effective risk management systems and practices will take time to effectively embed at the organisational and service level. As such, I find Requirement 8(3)(d) is Not Compliant.

I am satisfied Requirements 8(3)(a), 8(3)(b) and 8(3)(e) are Compliant.

Consumers and consumer representatives confirmed they were engaged in care and services development and review, which included participation on the consumer advisory board. Quarterly meetings were scheduled and initial meeting engagement topics included feedback on service improvements and membership. Management confirmed consumer surveys would be implemented to inform ongoing continuous improvement.

Consumers and consumer representatives expressed confidence about management of the organisation. Formal reporting mechanism between the board, consumer advisory board and the executive management team were being developed and reporting of clinical information, incidents, complaints and feedback were planned for the next board meeting. The executive management team, led by the chief executive officer, monitor service delivery, clinical risk, financial and the workforce and reporting, with clinical advice provided by a registered nurse when required.

A clinical governance framework including antimicrobial stewardship, restrictive practices and open disclosure policies and procedures was being developed to guide staff practices, with clinical expertise and guidance provided by a registered nurse. Appropriate precautions were in place for infection management and an antimicrobial stewardship policy, although not directly in use. Whilst there were no identified restrictive practices in place, staff demonstrated awareness about restraints and received training during induction. Open disclosure was practised for incidents and complaints and consumers and consumer representative were satisfied with complaint handling outcomes.

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