Prestige In Homecare

Performance Report

|  |  |
| --- | --- |
| **Address:** | Level 1, Suite 101, 1 Cochranes Road, (Head office) MOORABBIN VIC 3189 |
| **Phone:** | 1300 103 010 |
| **Commission ID:** | 300982 |
| **Provider name:** | Prestige Inhome Care Pty Ltd |
| **Activity type:** | Quality Audit |
| **Activity date:** | 2 August 2022 to 4 August 2022 |
| **Performance report date:** | 2 September 2022 |

# Performance report prepared by

S Bickerton, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care Packages (HCP):**

* Prestige Inhome Care, 26413, Level 1, Suite 101, 1 Cochranes Road, (Head office), MOORABBIN VIC 3189
* Prestige Inhome Care, 26413, 3/230 Main Street, MORNINGTON VIC 3931
* Prestige Inhome Care, 26413, Level 2, Suite 203, 35 Spring Street, BONDI JUNCTION NSW 2022
* Prestige Inhome Care, 26413, Unit 1, 98 Burnett Street, BUDERIM QLD 4556
* Prestige Inhome Care, 26413, Shop 1, 165 Military Road, NEUTRAL BAY NSW 2089
* Prestige Inhome Care, 26413, 130 Yarra Street, GEELONG VIC 3220
* Prestige Inhome Care, 26413, Level 1, office 1, 110 Church Street, HAWTHORN VIC 3122

# Overall assessment of Service/s

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Compliant |
| Requirement 1(3)(a) | HCP | Compliant |
| Requirement 1(3)(b) | HCP | Compliant |
| Requirement 1(3)(c) | HCP | Compliant |
| Requirement 1(3)(d) | HCP | Compliant |
| Requirement 1(3)(e) | HCP | Compliant |
| Requirement 1(3)(f) | HCP | Compliant |
|  |  |  |
| Standard 2 Ongoing assessment and planning with consumers | HCP | Not Compliant |
| Requirement 2(3)(a) | HCP | Not Compliant |
| Requirement 2(3)(b) | HCP | Compliant |
| Requirement 2(3)(c) | HCP | Compliant |
| Requirement 2(3)(d) | HCP | Not Compliant |
| Requirement 2(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 3 Personal care and clinical care | HCP | Compliant |
| Requirement 3(3)(a) | HCP | Compliant |
| Requirement 3(3)(b) | HCP | Compliant |
| Requirement 3(3)(c) | HCP | Compliant |
| Requirement 3(3)(d) | HCP | Compliant |
| Requirement 3(3)(e) | HCP | Compliant |
| Requirement 3(3)(f) | HCP | Compliant |
| Requirement 3(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 4 Services and supports for daily living | HCP | Compliant |
| Requirement 4(3)(a) | HCP | Compliant |
| Requirement 4(3)(b) | HCP | Compliant |
| Requirement 4(3)(c) | HCP | Compliant |
| Requirement 4(3)(d) | HCP | Compliant |
| Requirement 4(3)(e) | HCP | Compliant |
| Requirement 4(3)(f) | HCP | Compliant |
| Requirement 4(3)(g) | HCP | Compliant |
|  |  |  |
| Standard 5 Organisation’s service environment | HCP | Not Assessed |
| Requirement 5(3)(a) | HCP | Not Assessed |
| Requirement 5(3)(b) | HCP | Not Assessed |
| Requirement 5(3)(c) | HCP | Not Assessed |
|  |  |  |
| Standard 6 Feedback and complaints | HCP | Compliant |
| Requirement 6(3)(a) | HCP | Compliant |
| Requirement 6(3)(b) | HCP | Compliant |
| Requirement 6(3)(c) | HCP | Compliant |
| Requirement 6(3)(d) | HCP | Compliant |
|  |  |  |
| Standard 7 Human resources | HCP | Compliant |
| Requirement 7(3)(a) | HCP | Compliant |
| Requirement 7(3)(b) | HCP | Compliant |
| Requirement 7(3)(c) | HCP | Compliant |
| Requirement 7(3)(d) | HCP | Compliant |
| Requirement 7(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Compliant |
| Requirement 8(3)(a) | HCP | Compliant |
| Requirement 8(3)(b) | HCP | Compliant |
| Requirement 8(3)(c) | HCP | Not Compliant |
| Requirement 8(3)(d) | HCP | Compliant |
| Requirement 8(3)(e) | HCP | Compliant |

# Detailed assessment

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

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

The following information has been considered in developing this performance report:

* the Assessment Team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Quality Audit report received 1 September 2022

# STANDARD 1 Consumer dignity and choice

# HCP Compliant

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

At the time of quality audit, the service was:

* delivering care and services that are inclusive of the culture, background and beliefs of each consumer to ensure consumers feel valued, respected and safe.
* respecting and supporting consumers dignity in ways that maintain their sense of self, their right to make choices, and their independence.
* providing consumers with timely and clear information and protecting consumers privacy with established processes.

The Quality Standard for HCP is assessed as compliant as six of the six specific requirements have been assessed as compliant.

**Assessment of Standard 1 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(a) | HCP | Compliant |

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(b) | HCP | Compliant |

### *Care and services are culturally safe.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(c) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(d) | HCP | Compliant |

### *Each consumer is supported to take risks to enable them to live the best life they can.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 1(3)(f) | HCP | Compliant |

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 Ongoing assessment and planning with consumers

# HCP Not Compliant

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

At the time of quality audit, the service was:

* involving consumers in the assessment and planning their services.

At the time of quality audit, the service was not:

* conducting consistently comprehensive consumer assessments including individualised goals.
* consistently providing all consumers with care plans.
* Undertaking consumers care need reviews promptly.
* Discussing advance care planning with consumers.

In their response to the assessment teams report, the service provided a rigorous plan for continuous improvement to address the identified non-compliance.

The Quality Standard for HCP is assessed as not compliant as two of the five specific requirements have been assessed as not compliant.

**Assessment of Standard 2 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(a) | HCP | Not Compliant |

*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.*

Findings

All consumer files reviewed by the assessment team indicated initial assessment and consumer care planning information had undergone recent changes and updates, at the time of the quality audit. Information relevant to consumer risk and wellbeing was not evidenced to be consistently identified, assessed, documented and subsequently utilised in informing safe care and services for consumers. Consumer risk assessments identified in assessments did not consistently evidence further action to identify the nature of the risk or further targeted assessments. A dignity of risk assessment process was reviewed by the assessment team; however, it was not evidenced as being used by service staff.

* One consumer had a fall in July 2022. The service case manager was informed; however, no notes were evidenced in the consumers file. The consumer was referred to a fall’s prevention clinic for a review. Falls prevention directives were provided by the clinic and a copy was evidenced in the consumer file. However, the directives identified by the falls clinic to support the consumer were not documented in the consumers assessment and care planning documentation.
  + Simple and relevant checks were not provided to service staff who attend the consumers home, and therefore they were not informed to consider risks to the consumers health and wellbeing. For example: one check includes removing mats/rugs or ensuring they are kept flat with non-slip backing.
* One consumer transitioned from a level three package to a level four package. No documentation on assessment, care planning or updated agreements were evidenced in the consumers file.
* One consumer receives oxygen supplements. The service did not evidence information in the consumer assessment or care plan regarding this, including relevant safety risks or clinical risks associated with this treatment.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(b) | HCP | Compliant |

*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.*

Findings

The service response to the assessment team report provided evidence to demonstrate a series of corrective actions had been implemented. On balance I find the service has achieved compliance with this requirement.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(c) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |

*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.*

Findings

The assessment team found outcomes of consumer assessments are not effectively communicated with consumers and their representatives, documented in consumers care plans, or available to staff providing care and services.

Several consumers explained when interviewed, that they had not been provided with a care plan by the service.

The service keeps consumer information available to support workers through a mobile application, however, support workers described in different ways they feel there is not enough detail recorded in some consumer care plans and had made requests more information and clear directives from the service.

Service documentation relevant to consumers care was assessed as inconsistent with limited information and direction available for service staff to follow.

* Documentation for one consumer provided no information or directions for service staff to follow in supporting the consumer during respite shifts. The consumers representative explained that support workers shower the consumer, however was not documented in care directives.
* One consumer had no goals documented in their respective service assessments.
* One consumer care plan provided vague home care directions that did not specify cleaning requirements. This consumer resides in shared accommodation with another person not provided for by the service.

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(e) | HCP | Compliant |

*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.*

Findings

The service response to the assessment team report provided evidence to demonstrate a series of corrective actions had been implemented. On balance I find the service has achieved compliance with this requirement.

# STANDARD 3 Personal care and clinical care

# HCP Compliant

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

At the time of quality audit, the service was:

* ensuring consumers are provided with safe personal and clinical care to meet their needs.
* employing risk mitigation strategies for consumers with high impact high prevalence risks.
* communicating changes in consumer needs to others involved in the consumer’s care.
* ensuring safe infection control practices are undertaken when providing care and services to consumers.

The Quality Standard for HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

**Assessment of Standard 3 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(a) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(b) | HCP | Compliant |

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(c) | HCP | Compliant |

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(d) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(e) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(f) | HCP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 3(3)(g) | HCP | Compliant |

*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.*

# STANDARD 4 Services and supports for daily living

# HCP Compliant

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

At the time of quality audit, the service was:

* helping consumers maintain their independence.
* supporting their emotional or psychological wellbeing.
* communicating others involved in care and referring consumers to other services when appropriate.

The Quality Standard for HCP is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

**Assessment of Standard 4 Requirements**

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(a) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(b) | HCP | Compliant |

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(c) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(d) | HCP | Compliant |

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(e) | HCP | Compliant |

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(f) | HCP | Compliant |

*Where meals are provided, they are varied and of suitable quality and quantity.*

|  |  |  |
| --- | --- | --- |
| Requirement 4(3)(g) | HCP | Compliant |

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 Organisation’s service environment

# HCP Not Assessed

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard for HCP has not been assessed as the service does not provide a service environment.

## Assessment of Standard 5 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(a) | HCP | Not Assessed |

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(b) | HCP | Not Assessed |

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

|  |  |  |
| --- | --- | --- |
| Requirement 5(3)(c) | HCP | Not Assessed |

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 Feedback and complaints

# HCP Compliant

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

At the time of quality audit, the service was:

* informing consumers about feedback and complaint options, including the use of advocates.
* encouraging and supporting consumers to give feedback or make complaints.
* documenting feedback and complaints and actioning complaints to the satisfaction of consumers, using an open disclosure approach.
* reviewing complaints and using this information to make improvements to safety and quality systems.

The Quality Standard for HCP is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(a) | HCP | Compliant |

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(b) | HCP | Compliant |

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(c) | HCP | Compliant |

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

|  |  |  |
| --- | --- | --- |
| Requirement 6(3)(d) | HCP | Compliant |

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 Human resources

# HCP Compliant

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

At the time of quality audit, the service was:

* planning and implementing staffing arrangements to ensure enough staff with the right skill mix deliver quality care and services that meet consumer needs and preferences.
* demonstrating a commitment to respectful, quality care and services through the recruitment, selection and retention of staff who consumers and representatives said are kind, caring and respectful.
* ensuring staff are competent, qualified, knowledgeable and trained and supported in their roles.
* developing and implementing a formal review process for monitoring and reviewing staff performance.

The Quality Standard for HCP is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(a) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(b) | HCP | Compliant |

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(c) | HCP | Compliant |

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(d) | HCP | Compliant |

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

|  |  |  |
| --- | --- | --- |
| Requirement 7(3)(e) | HCP | Compliant |

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 Organisational governance

# HCP Not Compliant

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

At the time of quality audit, the service was:

* involving consumers in influencing the development and delivery of care and services to the satisfaction of consumers and representatives.
* demonstrating the governing body’s commitment to leading a culture of safe, inclusive quality care and services and accountability for their delivery.
* using effective organisation wide, tailored governance systems, including risk management systems, to improve consumers’ lives through care and services.
* implementing a clinical governance framework to improve clinical care outcomes.

At the time of quality audit, the service was not:

* providing updated and relevant care directives to support workers providing care and services to consumers.

In their response to the assessment teams report, the service provided a rigorous plan for continuous improvement to address the identified non-compliance.

The Quality Standard for HCP is assessed as not compliant as one of the five specific requirements have been assessed as not compliant.

## Assessment of Standard 8 Requirements

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(a) | HCP | Compliant |

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |

*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.*

Findings

The service has organisational wide governance systems to monitor processes such as information systems, regulatory compliance, financial management, workforce governance, feedback and complaints. However, systems for information management and aspects of regulatory compliance are assessed as not compliant.

*Information Management*

A review of consumer electronic files identified consumer care directives are not consistently documented and provided to support workers via the mobile application utilised by the service. Two of four staff members interviewed explained they do not consistently receive clear care directives for the care and services they provide directly to consumers.

*Continuous improvement*

Opportunities for continuous improvement are identified through internal and external audits, survey evaluations, complaints, feedback and incidents. Interviews with service management and staff, consumers and their representatives demonstrated and evidenced that improvements at the service are ongoing.

*Financial governance*

Financial governance is overseen by the services financial sub-committee inclusive of a chief financial officer, finance manager and members of the executive that meets bi-monthly. The finance subcommittee reports to the Board in relation to the services financial position. HCP case managers discuss unspent funds with consumers as appropriate and consumers receive an itemised monthly statement.

*Workforce governance, including the assignment of clear responsibilities and accountabilities*

Workforce governance is overseen by the services management team, and issues and actions are reported to the Board. Human resource processes include workforce recruitment, position descriptions and staff education. Position descriptions specify staff responsibilities and accountabilities to support quality care. Care and service staff are generally employees and subcontracted services include specific allied health services, home modifications, home maintenance, gardening and delivered meals.

*Regulatory compliance*

The service maintains up to date information on regulatory requirements through peak body membership, a legislative update service, and through government notifications. Regulatory compliance requirements and changes are discussed at organisational management meetings and communicated to staff. Staff information relating to vaccinations and compliance checks are documented in the staff member’s electronic file.

*Feedback and complaints*

The service has a feedback and complaints system that supports the pursuit of improved outcomes for consumers. Management showed feedback and complaints received are mostly documented on a risk management software system, reviewed and actioned. Service management report on compliments and complaints through the quality, risk and clinical governance meetings. Feedback and complaint data are reported to the Board as appropriate. Management described the open disclosure process used for feedback and complaints.

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(d) | HCP | Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(e) | HCP | Compliant |

*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.*

# 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 2(3)(a) | HCP | Not Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 2(3)(d) | HCP | Not Compliant |

*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.*

|  |  |  |
| --- | --- | --- |
| Requirement 8(3)(c) | HCP | Not Compliant |

*Effective organisation wide governance systems relating to the following:*

1. *information management*