**Performance**

**Report**

**1800 951 822**

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| Name: | Princes Court Home Services |
| Commission ID: | 301124 |
| Address: | 27-29 Princes Street, MILDURA, Victoria, 3500 |
| Activity type: | Quality Audit |
| Activity date: | 25 October 2023 to 26 October 2023 |
| Performance report date: | 28 November 2023 |

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: 1295 Princes Court Ltd  
Service: 28116 Princes Court at Home

**This performance report**

This performance report for Princes Court Home Services (**the service**) has been prepared by A. Kasyan, 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 17 November 2023.

# 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 | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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 2 Requirement (3)(a):**

* Ensure assessment and planning identifies and addresses all risks to consumers’ health and well-being.
* Ensure these assessments and consumer care plans inform the delivery of care and services.

**Standard 3 Requirement (3)(e):**

* Ensure information about the consumer’s condition, needs and preferences is accurately documented and effectively communicated with others where responsibility for care is shared.

**Standard 8 Requirement (3)(d):**

* Ensure implementation and application of effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers.

# 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 assessment team recommended all requirements in Standard 1 as met.

Consumers interviewed confirmed they are treated with dignity and respect, and their identities are valued. They said their cultures and preferences are known and respected by staff at all times. Consumers and representatives said they receive current, accurate, and timely information and felt consumers’ privacy was respected, and information was kept confidential.

Staff said they always treat consumers with respect. They said they work with the same consumers each week and get to know them well so they can deliver personalised care and services to each consumer. Policy documents around mandatory training show evidence of staff receiving training in culturally safe care, dignity of risk and supporting consumers to exercise choice.

Staff described in many ways how they communicate with consumers so that information is clear and easy to understand, including adapting their communication technique to suit consumers’ individual needs and preferences. Care planning documentation demonstrated consumers are provided information about different care options, are supported to make decisions in line with their preferences and goals and are involved in the decision-making process. Consumers confirmed they are supported to make choices about their care, such as the provision of equipment, time and date of services, as well as package management.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described how they support consumers to undertake activities they enjoy safely with appropriate supports. Management described regular conversations with consumers who engage in activities which involve an element of risk to ensure they understand risks and make informed choices.

Staff interviewed confirmed they are trained in policies and procedures to ensure consumer privacy is respected and personal information is kept confidential. Staff described how they maintain confidentiality of consumer information and only share information on a need-to-know basis.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 1 compliant.

# 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. | Not 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 assessment team recommended requirements 2(3)(a) and 2(3)(e) not met and requirements 2(3)(b), 2(3)(c) and 2(3)(d) met.

I have provided reasons for my findings in relation to the above requirements below, including consideration of evidence and information provided by both the assessment team and the provider.

**Requirement 2(3)(a)**

The assessment team found initial and ongoing assessments are completed using the organisation’s electronic system, with some consumers and representatives confirming initial and ongoing assessments are completed. However, assessment and planning did not always include consideration of risks to each consumer’s health and well-being to inform safe delivery of care and services. The assessment team provided the following findings and evidence to support their recommendation of not met:

* Whilst the service is providing continence support and purchasing continence products for 2 consumers, continence assessments were not completed.
* There was no evidence in one sampled consumer’s file to demonstrate their wound care and pain were assessed to ensure effective wound care delivery by a subcontracted nursing service provider.
* Two consumers with changed behaviours did not have their behaviours assessed and strategies to mitigate the risks associated with these behaviours were not documented.
* The organisation did not have pain, behaviours, falls and continence assessment tools.
* One consumer’s care plan recorded the consumer was at risk of falls. However, the care plan did not include strategies to prevent and manage the risks. Care staff advised they receive verbal communication on what needs to be done to prevent the consumer from falling.
* Management advised the service does not have assessment tools to identify risks to consumers’ health and well-being, including in relation to isolation, falls, changed behaviours, and pain.

The provider responded to the assessment team’s report and stated following the quality audit, they have engaged an external consultancy service provider to review the organisation’s Clinical Governance framework, processes around assessments and risk tools. The provider submitted further information in relation to the support provided to the consumers highlighted in the assessment team’s report.

* In relation to continence assessment, the Aged Care Assessment Team (ACAT) assessment referenced incontinence and personal care supports. However, when continence assessment was offered to the family, this was declined by the consumer and their representative, and their decision was documented. The provider asserts the 2 consumers highlighted in the report do not receive assistance with continence care and no continence aids are provided in line with the consumers’ wishes.
* In relation to wound and pain assessment, the consumer’s wound has been assessed and is monitored by the consumer’s specialists and a general practitioner. The consumer’s care manager is coordinating services and provides equipment as requested, to support the management of the wound. Verbal updates, reports and recommendations, including follow ups are documented. In addition, the consumer has been referred to the palliative care team to receive further support with pain management.
* The provider states one of the 2 consumers who was mentioned in the assessment team’s report as having changed behaviours, did not have any behaviours that required support. In relation to the second consumer, Dementia Services Australia (DSA) completed a behaviour assessment and provided a list of recommendations, including behaviour management strategies which have been incorporated into the consumer’s care prior to the quality review. Strategies were documented in the care plan and shift instructions were verbally provided to staff.

Based on the assessment team’s report and the provider’s response, I find assessment and planning of risks to the health and well-being of consumers is not sufficient to inform the delivery of safe and effective care and services. I have placed weight on the evidence demonstrating lack of assessment tools to effectively identify risks to consumers’ health and well-being, including in relation to isolation, changed behaviours, pain and falls.

Whilst consumers’ files reviewed by the assessment team documented some risks and mitigation strategies, and copies of consumers’ care plans were submitted by the provider to demonstrate this, the provider did not include information and evidence to show what assessment process and tools, if any, were used to assess these risks to inform safe and effective care and services.

The care plan for the consumer experiencing changed behaviours due to a mental health diagnosis, showed presence of behaviours, such as physical and verbal aggression. Whilst the care plan submitted by the provider evidenced strategies recommended by an external service provider on how to manage cognitive decline, it does not include assessment and planning, including consideration of and mitigation strategies to manage risks associated with physical and verbal aggression.

Furthermore, in its response to requirement 8(3)(d), the provider accepts there are no formal assessment tools to identify consumers’ risks.

Based on the reasons summarised above, I find requirement 2(3)(a) non-compliant.

**Requirement 2(3)(e)**

The assessment team found whilst there is a process to review consumers regularly, the service could not provide any documented evidence of the review process following an incident or change in the consumer’s condition. The assessment team provided the following findings and evidence to support their recommendation of not met:

* Whilst actions have been taken in response to changes in the physical condition of one of the sampled consumers, these were not documented in the consumer’s care plan.
* Two consumers identified at high risk of falls have not had their falls risk assessment completed.
* One consumer with changed behaviours has not had the strategies to manage these behaviours reviewed for effectiveness.

The provider responded by including further information and evidence in relation to the consumers highlighted in the assessment team’s report.

* The provider submitted communication records showing where there was a change in the consumer’s health or preferences, these were escalated to the care coordinator who, in consultation with the consumer/ their representative and other specialists involved in the consumer’s care, made changes to the consumer’s care plan.
* The provider accepts, some consumers’ care plans did not include all the details in relation to the changes made. However, these were recorded in the notes and verbally communicated to the consumer.
* Care plans are updated as required between scheduled regular reviews. Only formal signed off care plans can be printed and provided to the assessment team at the time of the quality review, and as such the assessment team did not have access to the live digital version of the care plan.

Based on the assessment team’s report and the provider’s response, I find 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.

Whilst the assessment team found some consumers’ care plans were not updated following changes in the consumer’s care, the provider’s response and evidence attached demonstrates care and services are reviewed and, whilst not immediately, care plans are updated following a change in consumer’s condition. The provider’s response demonstrates, if there a change in the consumer’s health or preferences, staff do not wait for scheduled reviews but actively check in with the consumer and adjust the care plan if needed through various forms of communication.

Based on the reasons summarised above, I find requirement 2(3)(e) compliant.

In relation to requirements 2(3)(b), 2(3)(c) and 2(3)(d), the assessment team provided the following information and evidence relevant to my finding:

Consumers and representatives advised they are involved in assessment and planning on admission and on ongoing basis. They said staff regularly communicate with them, and they receive information face-to-face, through emails and phone calls in line with the consumer’s or their representative’s wishes and preferences. Consumers and representatives confirmed they receive a copy of the consumer’s care plan.

All consumers’ files reviewed showed evidence of consumers’ current care and service needs, goals and preferences. Staff said advance care planning and wishes are not discussed with the consumer or their representative on admission but information on advance care planning is provided in the Admission pack if they wish to discuss it. Care planning documentation confirmed consumers are offered information about advance care and end of life care planning.

All sampled consumers’ care planning documentation showed evidence of regular discussions of consumers’ care needs and services. It also showed participation of external service providers and other health professionals, such as DSA, general practitioners, allied health professionals, nursing services and social workers.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements 2(3)(b), 2(3)(c) and 2(3)(d) 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. | 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. | Not 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 assessment team have recommended requirement 3(3)(e) not met and requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g) met.

I have provided reasons for my findings in relation to the above requirements below, including consideration of evidence and information provided by both the assessment team and the provider.

**Requirement 3(3)(e)**

The assessment team found information about consumers’ condition, needs and preferences is not effectively documented and communicated between the organisation and contracted providers with whom the responsibility of care is shared. The assessment team provided the following findings and evidence to support their recommendation of not met:

* Care documentation, including care plans and notes showed information received from contracted suppliers about consumers’ personal and clinical care needs is not consistently documented to enable effective sharing between all relevant staff involved in a consumer’s care.
* The service does not have access nor is provided with documentation in relation to one of the sampled consumer’s wound care. Management advised where care and services are subcontracted, information in relation to this care and related documentation is the responsibility of the third party.

The provider responded to the assessment team’s report and provided additional information in relation to communication with the subcontracted service provider managing the above mentioned consumer’s wound. The provider states the care coordinator is coordinating the services with a subcontracted nurse. Communication is maintained via verbal updates, reports and follow up emails.

Based on the assessment team’s report and the provider’s response, I find information about the consumer’s condition, needs and preferences is not always documented and effectively communicated with others where responsibility for care is shared. In coming to my finding, I have placed weight on the evidence in relation to how information about consumers’ condition, needs and preferences is communicated with others where responsibility for care is shared, specifically in relation to subcontracted nursing services. I have considered feedback from management advising where care and services are subcontracted, information in relation to this care and related documentation is the responsibility of the third party. Whilst I acknowledge the provider’s response stating verbal updates, reports and follow up emails are used to ensure effective communication of the information, the supporting evidence to demonstrate this assertation was limited to one email from a subcontracted service provider advising on the deterioration of the consumer’s condition and a need to purchase a new dressing. I find this piece of evidence alone is not sufficient to demonstrate effective communication and oversight of the services delivered by a third party. Whilst I acknowledge the provider’s response that verbal updates are used to communicate information, it is expected in this requirement to maintain accurate record keeping to ensure effective communication of information about consumers’ condition, needs and preferences.

Based on the reasons summarised above, I find requirement 3(3)(e) non-compliant.

In relation to requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g), the assessment team provided the following information and evidence relevant to my finding:

Consumers and representatives expressed satisfaction with the provision of personal and clinical care, including assistance with showering, wound care and medication prompts. They confirmed consumers receive tailored personal care which is delivered in accordance with their specific wishes and preferences. They reported risks associated with personal and clinical care, such as changed behaviours are discussed with them and risk mitigation strategies are put in place appropriately. They also expressed satisfaction with access to a medical officer and allied health professionals who assist consumers to receive services and supports they need which optimise their health and well-being.

Staff demonstrated an understanding of consumers' care needs and what they do to support them in line with their care plans, including management of risks, such as falls and changed behaviours. They described their role in recognising and escalating changes in consumers' physical and mental health and their responsibility in communicating any changes in a consumer's condition based on observations. Documentation confirmed timely escalation of changes in consumers’ condition to the care coordinator and appropriate actions they have taken in response to escalation, including referrals to the person and/or My Aged Care (MAC) for a level upgrade of consumers’ package to meet their changed needs.

The service has policies and procedures in place to minimise infection-related risks through prevention and control of infection. Management described how they coordinate implementation of infection prevention and control measures when staff provide care at consumers’ homes, including ensuring staff are using personal protective equipment properly and undertake environmental cleaning using disinfectants. Consumers said staff use personal protective equipment, wash their hands and follow infection prevention protocols, including in relation to COVID-19.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g) compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The assessment team recommended all requirements in Standard 4 as met.

Consumers described in many ways how they get the services and supports for daily living that are important to their health and well-being and that enable them to do the things they want to do. They said they receive services and supports, including social and emotional support, and they have opportunities to connect with other people through these services. Consumers and representatives described how consumers can choose their meal provider, or have staff prepare meals with them, and meals are of good quality and quantity.

In relation to leisure and lifestyle, consumers said the community services enable them to do things of interest to them and maintain social relationships, such as going shopping, going to church or to the hairdresser and external social groups.

Staff described how changes to consumers’ care were communicated to consumers and their representatives verbally, and documentation reviewed demonstrated effective communication of consumers’ needs within the organisation and with others. All consumers and representatives interviewed said they had signed a consent form during the admission process authorising the provider to share consumers’ personal information both within the organisation and with others, where responsibility of care is shared. All consumers were confident the provider only shared information required to deliver the service they were being referred for.

Care planning documentation reflected consumers’ emotional, spiritual, social and lifestyle needs and preferences and other relevant information to support consumers’ well-being and quality of life. Documentation confirmed care was being delivered in line with consumers’ assessed needs.

The service sends timely and appropriate referrals to individuals and providers outside the service, such as allied health professionals, social workers and community groups. Care planning documentation confirmed timely and appropriate referrals where required.

Equipment, which supports consumers to engage in activities of daily living, was suitable, clean, and well maintained. Management described a range of policies, processes, and schedules that ensures equipment is inspected, cleaned and suitable for use.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 4 compliant.

# 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

The assessment team recommended all requirements in Standard 6 as met.

The assessment team found the service regularly seeks input and feedback from consumers, representatives and others and uses the input and feedback to inform continuous improvements for individual consumers.

Consumers and representatives felt comfortable in giving feedback to the service, positive or negative, and described multiple ways in which the feedback could be provided. Consumers reported their complaints were addressed promptly and effectively.

The service promotes a range of mechanisms to encourage consumers, representatives and others to provide feedback and make complaints. This includes feedback forms, emails, direct verbal feedback, and phone calls. Documentation showed feedback from family members and consumers was encouraged and supported. Where complaints were made to the service, these were dealt with promptly and effectively.

Staff described how consumers and representatives are made aware of how to access advocacy services, language services, or other methods for raising and resolving complaints, including through pamphlets and welcome/information pack.

Staff were aware of the term open disclosure and the importance of resolving issues and apologising to consumers when things go wrong. Consumers and representatives confirmed the service has a transparent approach when things go wrong, and complaints documentation demonstrated open disclosure is used as part of the complaints management process.

Management described how they review feedback and complaints data and use it to improve the quality of care and services. In response to consumers’ complaints about the availability and reliability of subcontracted gardeners, the service commenced offering consumers gardening and maintenance staff who are employed directly by Princes Court, rather than subcontracted gardeners. This has ensured availability and reliability of services provided.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 6 compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The assessment team recommended all requirements in Standard 7 as met.

Consumers and representatives expressed their satisfaction with the number of staff, commenting staff arrive on time for their scheduled shifts and have enough time to provide quality care and services. Consumers found all staff to be kind, caring and compassionate and felt confident staff have the necessary knowledge and experience to provide high quality care.

Management described how they ensure the right number and mix of staff by referring to the annual budget and using forecasting to predict the number of consumers using specific services each month and making staffing adjustments where required. Management advised they are recruiting for a clinical team leader/care manager who will provide clinical oversight within the organisation.

Management described how through a rigorous recruitment process, onboarding of staff, buddy shifts, training modules and access to comprehensive policies and procedures staff are supported to deliver safe and effective care and services to consumers. Staff described completing relevant training and being supported in their role through regular meetings and access to care coordinators for any consumer-related queries and reporting requirements.

A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties. Staff interviewed expressed satisfaction with training and supports and described how this assists them to perform their assigned duties safely and competently.

The service has an effective system for staff performance evaluation which includes regular assessment of individual staff member’s job performance and ongoing monitoring of their work. The annual performance appraisal process has recently commenced, and staff reported they found the performance evaluation process to be effective and helpful in identifying areas of improvement.

Based on the assessment team’s report, including the evidence and information summarised above, I find all requirements in Standard 7 compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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

The assessment team have recommended requirement 8(3)(d) not met and requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e) met.

I have provided reasons for my findings in relation to the above requirements below, including consideration of evidence and information provided by both the assessment team and the provider.

**Requirement 8(3)(d)**

The assessment team found there are effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers, managing and preventing incidents and supporting consumers to live the best life they can. However, effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers were not demonstrated. The assessment team provided the following information and evidence relevant to my finding:

* Management said they do not have a high-risk register and discussions of high impact/high prevalence risks does not form part of the agenda in monthly clinical governance or Board meetings.
* The service does not collate data on high impact/high prevalence risks and the Board have no awareness or oversight of any data or trends.
* Management did not provide evidence of training delivered to staff in relation to managing high impact or high prevalence risks associated with the care of consumers.

The provided responded by saying based on the feedback provided by the assessment team, a risk register identifying 8 consumers was completed. It has been included in the Clinical Governance Committee papers and presented at the meeting scheduled following the quality audit. In addition, following the quality audit, the provider engaged an external consultancy service provider to review the organisation’s Clinical Governance framework, processes around assessments and risk tools. Lastly, the provider clarified and submitted additional information showing staff receive training on some consumer risks, such as dementia care, restrictive practices, the Serious Incident Response Scheme (SIRS), elder abuse and neglect.

Based on the assessment team’s report and the provider’s response, I find effective risk management systems in relation to managing of high impact or high prevalence risks associated with the care of consumers were not demonstrated.

I acknowledge the provider’s response and a submitted risk register which was completed during the quality audit. However, I find the register does not sufficiently demonstrate effective risk management systems and practices to enable effective management of consumers’ high impact high prevalence risks.

Whilst the risk register addresses risk mitigation strategies tailored for specific consumers, the provider’s response does not include evidence or other elements of risk management systems and process, including identification, assessment of risks and mitigation strategies that are designed to be applied broadly to address common high impact/high prevalence risks.

Furthermore, whilst the assessment team’s report provides an example of a serious medication incident resulting in hospital presentation for one consumer and subsequent risk mitigation strategies implemented for this consumer, the risk register does not include medication error risk and mitigation strategies that can be applied more broadly to prevent harm for all consumers.

Based on the reasons summarised above, I find requirement 8(3)(d) non-compliant.

In relation to requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e),the assessment team provided the following information and evidence relevant to my finding:

Consumers and representatives are actively supported to participate in the development, delivery, and evaluation of care and services through various feedback mechanisms. All sampled consumers and representatives advised the service is well run, and they have an opportunity to regularly engage with the service through communication with the home care coordinator and by feedback processes, such as providing compliments and complaints.

The organisation has established frameworks, policies, and procedures that outline responsibilities, accountabilities, care and service expectations, and multiple reporting mechanisms to ensure the Board and associated committees are aware of and are accountable for the delivery of care and services.

The organisation’s governing body consists of 2 chartered accountants and one financial planner. A monthly clinical governance committee is held followed by a monthly Board meeting. The service has established a process whereby subcontracted staff are monitored, including their qualifications, registrations, background checks, training, assessment and performance.

The consumer handbook clearly outlines the organisation's commitment to providing safe and quality care and services, including a focus on diversity, inclusivity, and creating a culturally safe environment. This commitment was supported by feedback from consumers and representatives regarding the delivery of care and services.

The organisation has implemented governance-wide systems, including a governance framework, monitoring systems, assigned delegations and accountabilities, and policies and procedures. Information systems and processes are in place to ensure staff and management have access to relevant and up-to-date information necessary to perform their roles effectively. A finance and audit committee meet regularly to discuss annual budgets, mid-year actual to budget analysis, the outcomes of internal and external financial audits.

Management monitors the utilisation of consumers’ HCP funds and support consumers to utilise their funds by asking if they require any additional services and recommending services that might help or support their specific needs. Processes are in place to support the organisation in selecting, training, and supporting staff to uphold the organisation's values and meet the job specifications of each role.

The organisation has implemented a clinical governance framework that includes policies, work instructions, and staff training requirements across various areas, such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff receive regular training on these policies and procedures.

Based on the assessment team’s report, including the evidence and information summarised above, I find requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e) compliant.

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)