**Performance**

**Report**

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| Name of service: | RetireAustralia Care and Services - Adelaide |
| Service address: | 79 King William Street KENT TOWN SA 5067 |
| Commission ID: | 600611 |
| Home Service Provider: | Retire Australia Care and Services Pty Ltd |
| Activity type: | Quality Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 29 June 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.

**This performance report**

This performance report for RetireAustralia Care and Services - Adelaide (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**Home Care:**

* RetireAustralia Home Care - Adelaide, 27332, 79 King William Street, KENT TOWN SA 5067

# Material relied on

The following information has been considered in preparing the 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.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described care staff as kind, caring and respectful. Care staff described how they ensure each consumer's identity and culture is valued, and they are treated with dignity and respect. This was confirmed through Assessment Team observations.

Evidence analysed by the Assessment Team showed service was able to demonstrate services are culturally safe. Consumers interviewed said that care staff understand their needs and preferences and deliver services with this in mind. Care staff and management demonstrated understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Management described, and care staff confirmed how they are supported to provide culturally safe services. Care staff have access to consumers cultural information to understand their background, and they undertake online cultural training. Management also advised one Village Manager is bilingual and often communicates with consumers in their preferred language.

Evidence analysed by the Assessment Team showed service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including involvement, communicate their decisions and make connections with others and maintain relationships of choice. Consumers and representatives said the service involved them in making decisions about their services. Management and care staff described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

Evidence analysed by the Assessment Team showed service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers described undertaking activities they enjoyed safely, and with appropriate supports. Staff and management were able to describe dignity of risk and demonstrate how consumers are supported to safely take risks. All consumers interviewed advised they felt supported to take risks, with two consumers advising the service had recently purchased mobility aids to reduce their risk of falls and this had helped them to remain living independently.

Evidence analysed by the Assessment Team showed service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers and/or representatives confirmed information is provided to them verbally and in writing. Care staff and management described how they provide information to consumers and encourage each consumer to store all communications in their home folder for future reference. The Assessment Team viewed the induction pack and consumers home folder, which contained comprehensive information regarding the services being delivered, including the consumers monthly budget and statement, consumer directed care plan, and both the medication and privacy consent forms, the Home Care Agreement and other personalised information.

Evidence analysed by the Assessment Team showed service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information. The service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. Care staff members interviewed demonstrated an understanding of privacy and the need to protect consumer information unless consent is obtained to share information.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives interviewed confirmed in various ways that assessment and planning inform the safe and effective delivery of their care and services. Care mangers and management described how the service undertakes comprehensive assessments to inform the delivery of safe and effective care and services. Care planning documentation for sampled consumers demonstrated that the service identifies consumer risks through assessments during onboarding and at regular review.

Evidence analysed by the Assessment Team showed service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives interviewed confirmed in various ways that assessment and planning processes identify consumers current care and service’s needs, goals and preferences. Care Managers described how onboarding assessments with consumers and/or their representatives identifies what service are important, including advance care directives. Care planning documents for sampled consumers demonstrated that consumers’ needs, goals and preferences are discussed.

Evidence analysed by the Assessment Team showed service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer, and others who are involved in the care and services of consumers. Consumers and/or representatives confirmed they are involved in decision making regarding the care and services they receive. Care Managers explained the involvement of consumers and/or representatives in assessment and planning of care and services, including the option to elect a representative to be present during assessments and reviews. Care planning documents viewed for sampled consumers demonstrated the inclusion of consumers and/or their representatives, as well as others involved with assessment and planning such as health professionals or external providers.

Evidence analysed by the Assessment Team showed service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Consumers and/or representatives confirmed that they receive a copy of their care plan and get adequate information about their care and services. Care Managers described how consumers receive copies of their care plans, and relevant documentation is provided to contracted providers to ensure they receive the information required to deliver care and services. Care planning documents viewed for sampled consumers confirmed that recommendations for services are discussed with the consumers and recorded within care planning documentation.

Evidence analysed by the Assessment Team showed service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives confirmed that services are reviewed regularly. Care Managers advised that consumers are regularly reviewed and demonstrated the processes used to schedule and monitor for upcoming review dates. Care Managers advised and documentation confirmed how high-risk consumers receiving level 3 or level 4 HCP are reviewed every six months, while other consumers are reviewed every twelve months, or as required. Consumer review dates are monitored within the services electronic system or though individual documents generated by Care Managers.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Compliant** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives sampled confirmed that consumers get care and services tailored to their needs and optimises their health through personal care, medication management and allied health services. Management and Care Managers were able to demonstrate how consumers receive safe and effective personal and clinical care which is tailored to their needs. Documents viewed confirmed that consumer assessments are included within care planning documentation, and information is provided to ensure the safe and effective delivery of clinical and personal care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives confirmed in various ways that the service and staff ensure consumers receive safe personal and clinical care. Management described the services process to ensure that high impact, high prevalence risks are identified and managed. Care planning documentation identified consumer risks and documented strategies to minimise these risks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Care Managers described the services processes to ensure that consumers receive the appropriate end of life supports when required. Care planning documents showed that advance care directives are discussed with consumers and outcomes are documented within their care plans.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives sampled felt confident that staff would recognise change in their health and would respond appropriately. Care staff and management described the processes of identifying, reporting and escalating changes in consumer health and deterioration. Documents viewed demonstrated how deterioration or change in consumer health is identified, and how the service responds by conducting re-assessment and recommending referrals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is consistently and effectively communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives stated in various ways that staff know them, and they do not need to repeat information about their needs and preferences. Care Managers advised information about consumers is documented with the care planning documentation and relevant details are shared with contracted providers to inform the delivery of services. Care planning documentation viewed confirmed extensive assessments and identification of risk to inform the delivery of care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed consumers had been referred to health professionals when required. Care Managers described the processes of referring consumers to contracted health professionals or external organisations such as My Aged Care (MAC). Care planning documentation for sampled consumers confirmed the services process when referring.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives advised that staff use personal protective equipment (PPE) and hygiene techniques to minimise the transmission of infection. Care staff and Care Managers described the services processes for minimising risks of infection including policies, procedures, training and monitoring for mandatory vaccination requirements.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided optimised their independence, well-being and quality of life. Care Managers and care staff demonstrated they understood what is important to consumers and described how they adapt services according to consumers’ needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers and/or representatives described in various ways how staff and the services provided promote their psychological wellbeing and support them emotionally. Care Managers, care staff and care planning documentation confirmed how the service supports consumers emotionally and promotes their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives described in various ways their satisfaction with how the service enables them to maintain relationships, meet new people and do things of interest to them. Care Managers and care staff described how the service actively supports consumers to develop relationships and participate in activities of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives advised in various ways that care staff are aware of their needs and were satisfied that information about their services is shared within the organisation and with others who are involved in their care. Care Managers and care staff could describe how information is shared within the organisation and with contracted service providers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Some consumers and/or representatives described how the service has provided timely and appropriate referrals. Care Managers, care staff and documentation could demonstrate the services internal and external referrals process to facilitate consumers access to additional services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers and/or representatives interviewed confirmed they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. Care Managers demonstrated they know consumer’s dietary needs, preferences and identified risks relating to consumers’ nutritional and hydration status. Care planning documents identified consumers’ dietary needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean and well maintained. Consumers and/or representatives confirmed that equipment provided was assessed by allied health professionals and were satisfied it was safe and suitable. Care Manager and documentation confirmed how the service ensures that consumers equipment needs are assessed and reviewed by OTs. Documentation confirmed that the service regularly monitors consumers equipment to ensure it is clean and well maintained.

# Standard 5

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| Organisation’s service environment | | HCP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All individual requirements within Standard 5 are not applicable, therefore Standard 5 is not applicable and as a result was not assessed as part of the Quality Audit.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint and felt supported to raise their concerns. Care staff described their processes for when a consumer or representative raised issues or concerns, and management advised there is policies and procedures in place for care staff, and/or subcontracted service providers to raise concerns for consumers. The Assessment Team observed consumers’ feedback and complaints had been documented on the service’s register with an objective and succinct record of each event, including follow-up actions and outcomes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed advised whilst they have not required the service of an advocate/interpreter, they were aware this was available, and care staff were able to explain the provider’s process to access advocacy and interpreters. Management discussed processes to ensure consumers have access to advocates and language services if required, the Assessment Team confirmed this through observations and documentation provided. Consumers confirmed they were aware of external services to raise feedback and complaints such as advocacy services and the Aged Care Quality and Safety Commission (the Commission). Representatives interviewed confirmed they know they can advocate on behalf of consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. While most consumers said they were satisfied with the care and services they receive, some consumers had raised previous concerns with invoicing and/or staffing consistency and advised the service had assisted to resolve their concerns. Management described, and provided documentation showing, how they addressed consumers’ feedback and complaints. Care staff described the services process to resolve complaints and discussed how they practiced open disclosure, sought feedback on how they could improve and actively listened to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers and/or representatives were not interviewed in relation to this requirement. Care staff and management described how feedback and complaints are analysed, trended and the information used to make service improvements, and the Assessment Team viewed documentation that evidenced feedback provided has impacted service delivery. Management described how the service recorded, analysed, and/or acted on feedback and complaints to improve the quality of their care and services and provided the Assessment Team with evidence of how complaints are escalated and/or referred within the service to drive change and improve the services available to consumers.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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 services. Most consumers and/or representatives stated they are happy with the number of, and the support provided by staff and contractors delivering care and services. Management described processes to maintain staffing levels to ensure quality care and services are delivered to consumers, including utilising staff from other locations and other parts of the business, including village staff. Most consumers and representatives advised that care staff and contractors consistently arrive on time, have appropriate skills to provide care and services, and utilise their shifts efficiently.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Care staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their care and services. The Assessment Team viewed a sample of position descriptions for various positions within the service and found that all contained the service's values and behavioural expectations highlighting kind, caring and respectful care and service delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives interviewed confirmed they felt staff delivering care and services were competent. Care staff advised they are provided education and support which enables them to competently perform their roles. Management described how they ensure staff have appropriate training, experience and personal attributes to deliver high quality care and services. Management advised they assessed competence at interview stage and monitored this ongoingly through a variety of ways including mandatory and other job-related training, observations, feedback from care staff, supervision, and performance reviews. Management advised qualifications are monitored by the organisation's human resources section, and staff receive electronic notification when their registrations are due for renewal.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped and supported in various ways to deliver the outcomes required. Care staff described completing relevant training and being supported in their role through regular meetings and access to Clinical Care Managers for any consumer-related queries and reporting requirements. Management described processes of initial selection and onboarding processes, a mandatory schedule of training, and regular communication with care staff, including meetings to provide information and support. Management explained how their recruitment process, onboarding of staff including buddy shifts, training modules specific to each role and consumer needs, access to comprehensive policies and procedures, and regular performance discussions support staff to deliver safe and effective care and services to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All members of the workforce advised they receive regular performance discussion with their supervisors, with staff undergoing an additional formal discussion annually. Management described their process for regular assessment and monitoring of staff performance. All staff members sampled described recent formal and informal performance discussions with their supervisor, which included how they feel about their job, their strengths and areas for improvement, and they received feedback from their manager and the consumers they provide care for. Sampled contractors confirmed they receive regular informal feedback about their performance from the service.

# 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. | **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

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled described how they have input about care and services provided through regular communication with their Care Managers and feedback processes. Management and staff described how consumers have input about their services through formal and informal feedback processes including annual consumer experience surveys. Management described various methods for consumers to contribute to the direction and development of care and services, including formal and informal feedback processes, and yearly consumer experience surveys. The service's continuous improvement register showed several service improvements implemented from feedback from consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. Management discussed the governance structure, reporting and continuous improvement processes implemented to ensure they are accountable for the delivery of safe, inclusive and quality care and services. The Assessment Team viewed the service's Clinical and Care Governance Committee report, and Board meeting minutes, which shows the organisation is aware of, and responsive to clinical issues, incident data, feedback and complaints relating to the care of consumers.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed the consumer information is stored securely, in line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are available on the electronic systems, and the Assessment Team observed policies have been reviewed recently. Management advised, and care staff confirmed, that care staff and contractors at the point of care receive all the information they need to know when delivering care and services, which highlights risks and mitigation strategies for each consumer.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the organisation’s continuous improvement plan included improvements informed by staff and consumer feedback, findings from consumer and staff surveys, system improvements, policy and procedure review, and opportunities to upskill staff. The service actively seeks out service improvements through staff performance development process, prompting all staff to suggest ways of improving the organisation.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has an established financial management document which outlines board and management responsibilities. The organisation has an effective system to monitor consumer unspent funds and use this to offer additional equipment and services to consumers.

*Workforce governance:*

Evidence analysed by the Assessment Team showed the service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is recruited, supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Aged Care Quality Standards, including the assignment of clear responsibilities and accountabilities.

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the organisation partners with ACCPA to interpret new aged care reforms and develop guidance documentation to ensure staff deliver care and services in line with any new regulations. There have not been any adverse findings by another regulatory agency or oversight body in the last 12 months. Consumers and representatives have been notified through preferred communication channels of the upcoming Quality Audit, and regulatory changes including Serious Incident Response Scheme (SIRS), Code of Conduct and the Social, Community, Home Care and Disability Services (SCHADS) award.

*Feedback and complaints:*

Evidence analysed by the Assessment Team showed the service has effective and proactive feedback and complaints processes, to encourage and support consumers to provide feedback and make complaints. Staff are supported through feedback and complaints policies and procedures, including in relation to open disclosure. The service uses information from consumer feedback and complaints to make service improvements including revising the service's invoicing system and establishing a consumer advisory board. – *End of Feedback and complaints heading.*

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. The service demonstrated effective strategies to monitor, manage and mitigate high-impact and high-prevalence risks including thorough assessments of high-risk consumers, increased frequency of reviews for consumers with high care needs or at risk of deterioration, regular meetings at all levels of staff to discuss risk and maintenance of a vulnerable consumer register. The Assessment Team viewed, and management described effective incident management processes, including the reporting, escalation and analysis of incidents to manage and prevent incidents.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management and detailing key performance indicators to ensure the service can measure their performance. The Assessment Team viewed the service's Care Procedures Manual which is a comprehensive resource for staff to use in conjunction with clinical Care Managers to ensure quality clinical care and oversight. Management described the role of the Clinical Governance Committee, which monitors and reports on all clinical and personal care delivered. The Committee includes 3 board members with clinical qualifications.

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)