**Performance**

**Report**

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| Name of service: | Rubies Nursing Care |
| Service address: | 163 Langtree Crescent CRACE ACT 2911 |
| Commission ID: | 201416 |
| Home Service Provider: | Rubies Nursing Pvt Limited |
| Activity type: | Quality Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 28 November 2022 |

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 Rubies Nursing Care (**the service**) has been prepared by J Taylor, 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:**

* Rubies Nursing, 26152, 163 Langtree Crescent, CRACE ACT 2911

# 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.
* the provider’s response to the assessment team’s report received 21 November 2022.

# 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 | **Non-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 as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-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.

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| 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. | | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | | Non-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. | Non-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. | Non-compliant | |

# 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

All consumers and representatives interviewed said they felt they are treated with dignity and respect. They described how their interactions with support workers were respectful and felt their background and culture was understood and respected. Staff interviewed demonstrated their understanding of maintaining dignity and respect of consumers and could describe consumer preferences, background, and individual needs.

All consumers and representatives interviewed described how support workers get to know them and are familiar with their backgrounds and culture. The Assessment Team sighted the Cultural Diversity and Inclusion Policy and the services commitment statement which includes respecting each consumer’s right to have identity, culture and diversity valued and supported.

Consumers and representatives interviewed, described in various ways, how the service supports them to make decisions regarding their care and services. Consumers elaborated on how the service worked with them to ensure they received care and services tailored to their needs and preferences. For example, a consumer representative said a staff member had visited their home to discuss future care requirements and provide the consumer with information on additional services they may need. The representative said they were included in the discussion as the main care giver and as a support for the consumer who has cognitive decline due to a diagnosis of Parkinson’s disease.

All consumers and representatives interviewed said they felt staff at the service listen to them and understand what is important to consumers. While most consumers interviewed could not recall a time when the service had needed to support them to take risks, they were confident if they wanted to take risks, the service would respect this. Management provided an example of a consumer who lived in a rural setting which was isolated. This consumer wanted to return home following a lengthy stay in hospital after a hip fracture. The hospital and the service encouraged the consumer to go to a temporary rehabilitation facility, however this consumer wished to return home. The service worked with the consumer, the hospital, and the family to ensure potential risks were mitigated as much as possible and additional services put in place to ensure the consumers safety.

All consumers and representatives interviewed stated information provided by the service is clear and easy to understand. Most consumers and representatives said monthly statements in the past could be confusing however, recently this has improved and they have a better understanding of their budget and their unspent funds.

Support workers interviewed demonstrated to the Assessment Team how they respect consumer’s privacy and how they keep information safe for example, via the service’s secure mobile application. The service evidenced written consent from consumers regarding who they wished information to be shared. The Assessment Team sighted the consent form as part of consumer records reviewed.

Considering the information provided above, I find the service to be compliant with this Standard as six of the six requirements are found to be 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. | Non-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

All consumers and representatives interviewed reported they are satisfied with the assessment and planning of the care and services they receive. They said this enables them to stay in their own homes and enhances their well-being. Management interviewed advised that all consumers identified as a “falls risk” have an alert activated in the mobile application and a Falls Risk Assessment Tool (FRAT) is completed with information also added to a vulnerable consumer checklist. Review of the mobile application data, the FRAT and vulnerable consumer checklist by the Assessment Team, identified inconsistencies in the assessment of the falls risk for two consumers records reviewed. The service did not evidence a Care Plan Policy or procedure to guide staff undertaking assessment and planning activities with consumers.

The Assessment Team reviewed assessment and planning documentation and confirmed needs, goals, preferences, advance care planning and end of life planning are all documented on care plans. An Advanced Care Directive and a Will Kit are provided with the induction package and given to the consumer and representatives for their consideration.

Consumers and representatives confirmed assessment, care planning and review of consumers’ care and services is completed in partnership with the consumer. The service demonstrated how the communication with consumers General Practitioners is maintained when a need is identified. For example, a consumer was receiving wound care from a medical practice. On completion of this care the service confirmed a report was provided by the medical practice regarding the care provided to the consumer and any additional considerations regarding ongoing care for this consumer. The report was saved to the consumers file with relevant actions noted.

Support workers interviewed confirmed any updated information regarding consumers condition, care and services is communicated via the mobile application and is always available at the point of care. Management interviewed evidenced where changes occur in a consumer’s condition, this is noted and discussed with the consumer and representatives. A new care plan is created clearly reflecting the consumers requirements. The Assessment Team sighted and noted all care plans and service delivery documents reviewed contained current information.

Consumers and representatives interviewed confirmed if their needs changed, they would contact the operations manager or inform the support worker for this need to be considered and actioned. They confirmed that the services they receive are regularly reviewed by management as they are in regular contact with them. Management interviewed stated that all care plans are reviewed 6-monthly or as needed if a change in the consumers condition occurs. Management, who undertake the care plan reviews, could describe the process and the circumstances a review or reassessment may be required however, the Assessment Team noted the service did not evidence a Care Plan Policy or procedure to guide staff on the process or triggers for reassessment.

In response to the Assessment Report, the service provided a new Care Plan Policy document relating to the triggers for care planning review which includes the procedure for staff to follow. The service also provided a further document detailing assessment and planning processes and proposed timeframes for care plan reviews however, it is not clear if these processes and procedures have been implemented and the Assessment and Planning document does not reflect the services name change to Rubies Community Care. It is reassuring the service has put in place mechanisms to capture care plan documentation into the services electronic system.

Based on the information provided and, while acknowledging the service’s new Care Plan Policy and Assessment and Planning document, it will take time to implement and move into business as usual. Therefore, I find this Standard as Non-Compliant as one of five requirements is deemed to be non-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. | 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

Consumers and representatives interviewed provided feedback which was positive in relation to the personal care they receive from the service. Management interviewed stated ‘drop in’ visits to consumers’ homes are conducted to assess the care provided by support workers. Management undertaking the visit observe the care given and provide feedback to the support workers if needed.

The Assessment Team observed that the care plan for Mr Jones did not contain detailed strategies to guide support workers in the management of high impact or high prevalence risks. The care plan stated he was high falls risk and to uses of the wheelie walker as required and must be prompted to use. Additionally, this was not reflected in his service delivery document which the support workers used for delivery of their care.

The operations manager, when interviewed, described established networks, and working relationships with the palliative care team at the local hospital if the need for this specialised clinical care was required. The Assessment Team sighted advanced care plans as part of the induction package for all consumers and end of life needs are discussed and documented in consumers care plans if the consumer wishes to discuss their them.

Consumers and representatives expressed in various ways, confidence that staff would know if their health changed and act accordingly. An example of consumer deterioration with prompt action is:

* A consumer fell in their home and immediately called the service for assistance. The service assessed the situation and offered to call an ambulance however, the consumer refused this. The service immediately deployed a support worker who arrived at the consumers home 20 minutes after the fall. Once on site the support worker called the operations manager to discuss the immediate care that was required. A decision was made that review at the local medical centre was the plan of action and the support worker would take the consumer immediately. The support worker stayed with the consumer while at the medical centre and transported them home at the end of the visit. The service then adjusted the services and care the consumer was receiving to include weekly transport to a Medical Centre for review of their wound.

While the Assessment Team did not sight a Care Plan Policy or procedure to guide the service on the processes for staff to report changes in the condition of consumers, the service does have a fact sheet on recognising deterioration in consumers with strategies for support workers.

All support workers interviewed described how they access information on consumers via a mobile application where they are able to view the care plan and service delivery documents. Management stated care plans and service delivery documents are all on the mobile application and the staff access this at point of care. If there are any changes these are updated immediately by management to alert the support worker prior to the scheduled appointment.

Consumers and representatives interviewed confirmed if they needed additional support services a timely and appropriate referral would occur in consultation with them. Consumers explained they would contact the operations manager who would action the request. The Assessment Team sighted a referral form that is to be completed by management and signed by the consumers for all external referrals. An example of an appropriate and timely referral is:

* A consumer requested and required general footcare, corns removed, and toenails cut. The service sent a referral to a local podiatrist who was engaged in podiatry care for the consumer. This was actioned and completed in a timely manner. The consumer has now been rebooked for regular podiatry appointment to maintain the care of their feet.

Support workers and management interviewed demonstrated an understanding of practical ways to minimise the transmission of infections. Support workers reported that there are sufficient supplies of PPE and RAT tests available to them and that it is policy to wear a mask at every consumer visit. Additionally, a Covid checklist is conducted by the support worker with the consumers at every visit prior to entry into the home via the mobile application. The service evidenced an Outbreak Management Plan and Infection Control Policy. Training in infection control and PPE use for all their support workers is provided.

Considering the information provided above, on balance, I find the service to be Compliant with this Standard as seven of the seven requirements assessed are 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives interviewed stated the service made them feel safe, and they were able to receive supports and services that enabled them to remain at home. The service currently provides transportation, home maintenance and domestic assistance. The support workers interviewed demonstrated an understanding of what is important to individual consumers and how to support consumers maintain their independence and quality of life. One support worker interviewed described how they would try and make a connection with the consumers to make them feel safe and supported.

Consumers interviewed described how the support workers provide emotional and psychological support. For example, a representative stated that their mother enjoys the support workers company and they have a ‘nice chat’ with the consumer providing personal care. Staff interviewed described how they would identify and support a consumer who appeared “low” and escalate their concerns, if required, to management. Progress notes reviewed indicated support workers ask the consumer how they are feeling and provide social support. The Assessment Team sighted one set of progress notes that stated, ‘on completion of the jobs I sat and chatted with the consumer’ and the consumer ‘seems in good spirits today’.

Consumers and representatives sampled said the service enables them to choose to participate in their community, do things of interest to them, and maintain social and personal relationships. A staff member interviewed stated in the past they had taken consumers to the park, a café for coffee and cooking or art classes. They said that it’s the consumer choice what they would like to do to participate in the community and have social connections.

Consumers and representatives interviewed said they were satisfied information about their care and services is shared within the service and with others involved in their care. Most consumers reported they are attended by the same support workers who have knowledge of the care and services they require. The service demonstrated care plan documentation regarding consumer’s needs, preferences, and condition is current and shared within the organisation via an on-line application.

Consumers and representatives interviewed confirmed in various ways if they needed additional support services, timely and appropriate referrals would occur within the service. Referrals noted covered a range of external and internal services, including home modifications, equipment and safety products, meal delivery and gardening. Staff interviewed described the internal process of referring a consumer if additional support services were requested or noted by them. This involved informing management who would review the consumers package and contact the consumer to discuss options.

The service does not currently provide meal services to Home Care Package consumers.

Consumers and representatives interviewed were satisfied with the equipment provided for use in their home and reported that they were safe and suitable for their needs. Consumer files reviewed contained a ‘Home Safety Checklist’ signed by the consumer and completed on induction by management. Consumers sampled said they were satisfied with the transport provided and report it has made a positive difference to their quality of life. Consumers interviewed stated the cars used by the service are always clean, and it meets their needs.

Considering the information provided above, I find the service to be Compliant with this Standard as six of the six requirements assessed are deemed to be Compliant. One requirement was assessed as Not Applicable.

# 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

The service does not provide an organisational service environment where care and service are delivered therefore this Standard is deemed Not Applicable.

# 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. | Non-compliant |

Findings

All consumers and representatives sampled described how to make a complaint or provide feedback to the service. Most consumers interviewed said if they had a concern about their services, they would call or email the service in the first instance. For example, the representative for a consumer said they recently made a complaint regarding a support worker who upset their mother-in-law, as the consumer thought the support worker spoke too loud and quickly and therefore the consumer could not understand her properly. The representative said the service took action immediately and the support worker is now speaking to the consumer slowly and softly and the consumer is now very happy. Review of the consumer handbook noted several options on how to provide feedback to the service including via email, online form, phone, mail. The handbook included external complaint services such as the Aged Care Quality and Safety Commission and the Older Person Advocacy Network.

Consumers and representatives interviewed were aware of advocacy and interpreter services through the service and the consumer handbook. Consumers described that they were very comfortable providing feedback through the support worker or through the office as staff were very approachable. The service demonstrated consumers are provided with various methods of raising and resolving complaints which gives opportunities for consumers of many backgrounds (eg, language barriers and CALD backgrounds) to provide feedback to the service.

Consumers and representatives interviewed said if they raised an issue or provided feedback on services delivered, they were confident service would respond appropriately. For example, a representative for a consumer said when they phoned the service to discuss issues regarding the communication of changes in the roster, they felt the staff member listened to them and action was taken. They said they are now contacted every time there are changes to the roster and they are happy with the services response to their complaint. The complaints and feedback policy reviewed highlighted the ‘Open Disclosure’ process.

Consumers and representatives interviewed stated when they provided feedback to the service, action is taken and they are satisfied with the outcome. However, feedback and complaints are not currently being fully captured in the complaints data and then being used to improve the quality of care and services. For example, two consumers interviewed described complaints they had made to the service, however, upon review by the Assessment Team, the complaints were not included in the complaints register nor captured in the service’s continuous improvement plan.

While management interviewed stated the current trends from complaints data for the service included consistency of support workers attending to the care of the same consumers and miscommunication of roster times to consumers. However, review of the Continuous Improvement Plan found no planned action for the identified complaint trends. The service did not demonstrate that feedback and complaints were consistently recorded, monitored, responded to, or used to inform continuous improvement activity.

In response to the Assessment Report, the service provided a copy of a consumer feedback form and procedure however, there was no indication if both documents have been implemented into standard practice at the service. The service did not demonstrate feedback and complaints information is trended or included in continuous improvement activity.

Considering the information provided above, I find the service has not demonstrated feedback and complaints information is used to inform continuous improvement activity. I find this Standard to be Non-compliant as one of the four requirements assessed is non-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 service evidenced a rostering system available on a centralised management system, which records and notifies any unfilled shifts. Staff undertaking rostering have access to consumer details, their preferences, and alerts such as ‘high risk of falls’ appear when accessing the consumer’s details. Management said they try to match consumers with support workers of similar interests and/or backgrounds. All consumers and representatives interviewed stated while there had been issues in the past with miscommunication of roster times, staff are now turning up on time and have sufficient time allocated to complete the service.

All consumers and/or representatives provided positive feedback in relation to their interactions with the workforce. They described in various way how the staff are kind, caring, respectful and helpful. For example, a consumer said their support worker is very quiet and very kind to them. They said they always speaks to her in a respectful manner. The staff handbook, sighted by the Assessment Team, discusses the expectation of the support worker. For example, ‘introduce yourself by name, acknowledge consumers by name, be polite, friendly and welcoming when communicating with customers, respect and protect consumer property, protect confidential information relating to customers.’

Management interviewed stated they ensure support workers are suitably qualified during the onboarding process with mandatory requirements checked prior to employment. The mandatory requirements included a first aid certificate, up to date influenza and COVID-19 vaccinations, working with vulnerable people card, police check, professional registrations with a minimum Certificate III. The Assessment Team sighted position descriptions for support workers which clearly outlined key duties and responsibilities with a copy provided to staff on commencement.

Current training certificates for the following courses were sighted by the Assessment Team for COVID-19 training, elder abuse prevention, hand hygiene, medication training, infection control, rights of the older person, and manual handling. Management interviewed stated regular toolbox meetings are held with staff where current topics are discussed and support workers had an opportunity to share experiences with their peers. Training needs may be identified through these meetings and actioned. For example, restrictive practices was discussed at a meeting and it was found some support workers required additional training in this area. A further toolbox training talk was given on restrictive practices and an interactive easy read document was provided to support workers through their mobile application which was sighted by the Assessment Team.

Management interviewed stated monthly one-on-one support and supervision meetings are undertaken with support workers. A template is used for this activity which includes prompts of questions to ask during the meetings. Some of the topics include staff goals, what they have done well in the previous month and what they feel they could do better. Training needs are discussed and feedback and issues are discussed. The Assessment Team sighted completed templates of meetings. Support workers interviewed said if they have any concerns or need support, they feel comfortable calling management for assistance and guidance.

Considering the information provided above, I find the service to be Compliant with this Standard as five of the five requirements assessed are deemed to be 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. | Non-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. | Non-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. | Not applicable |

Findings

The service demonstrated various methods of engaging consumers in the development, delivery, and evaluation of care and services through regular consumer surveys, contacting the service via phone, email or through the online feedback form. The Assessment Team noted regular reviews and the consumer handbook encouraged consumers and representatives to be involved in service improvements.

The service evidenced a vulnerability check is conducted on all consumers at each review and while the key service staff sit in close proximity, the Assessment Team noted formal documentation of meeting outcomes and decisions is not captured appropriately to ensure actions occur. The service demonstrated governance meetings occur however, there was inconsistency in the meeting minutes including recording required actions which could potentially impact service delivery. The service was therefore unable to demonstrate that items discussed provided direction to establish safe and quality care, and accountability.

The service demonstrated a centralised management system that enables consumer care plan documentation which is stored securely and accessible by relevant staff and supported by the services Information Management Policy.

The service evidenced a Continuous Improvement Register to capture opportunities for improvement. Management interviewed confirmed recent improvements include roll out of a new training program for all staff and the introduction of an online feedback form on the services website.

The service evidenced effective financial management and reporting and demonstrated consumers are provided a monthly statement which includes a breakdown of services and balance of unspent funds. The Assessment Team sighted minutes of the monthly finance management meetings which evidenced effective financial reporting.

The service evidenced and the Assessment Team sighted the services organisational chart, job descriptions, staff code of conduct and the staff handbook, which is supplied to new staff. The onboarding process to recruit staff is sound and copies of qualifications, vaccination status, driver’s licence and police checks were sighted. The service has recently purchased an online training program which will provide reporting to the service on due training for each staff member. This program is currently being rolled out with courses being chosen based on identified gaps in training.

The service demonstrated several subscriptions to regulatory organisations in order to keep abreast of changes to aged care compliance and legislation. The service evidenced where relevant changes regarding regulatory compliance are communicated to staff via updated policies, procedures, training and staff meetings or email.

The service demonstrated information is provided to consumers at the commencement of services and consumers interviewed stated in various ways their comfort in raising concerns with the service and where complaints are raised, they are dealt with in a timely manner. The service did not demonstrate that complaint or feedback trends are identified and considered by the service for further service improvements through the continuous improvement plan.

The service demonstrated use of a centralised management system which captures incidents through the mobile application used by staff. Support workers interviewed described the process to take if an incident occurs including applying first aid if appropriate, phoning an ambulance, staying with the consumer, advising their manager, and writing a report. Validated assessment tools including home safety assessments and falls risks assessments were sighted for all care plans sampled. A policy and procedure on elder abuse was sighted and was available at the point of care for support workers through their mobile application. The service evidenced an incident register which identified incidents and documented consumers and staff involved and what actions occurred following the incident.

The service does not provide clinical care to consumers which is also reflected in the services renaming to Rubies Community Care.

In response to the Assessment Report the service provided a copy of management meeting minutes dated 24 November 2022 and, while a number of broad actions were recorded, there was no record of discussions regarding oversight or monitoring whether care and services are being delivered safely, effectively and in line with best practice.

In considering the information provided in the assessment report the service did demonstrate that governance meeting minutes and the recording of action items was effectively managed which could potentially impact the delivery of safe and quality services to consumers. While acknowledging the work underway with the service to enhance staff training, it will take time to embed this into business as usual. The identified lack of trending identified currently undertaken by the service regarding complaint and feedback data analysis and inclusion in consideration of continuous improvement activity all contribute to me finding this standard to be non-compliant as two of the four requirements assessed are non-compliant. One requirement is deemed to be not applicable.

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