**Performance**

**Report**

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| Name: | Sacred Heart Mission Inc. |
| Commission ID: | 300095 |
| Address: | 322 St Kilda Rd, ST KILDA, Victoria, 3182 |
| Activity type: | Quality Audit |
| Activity date: | 4 April 2024 to 5 April 2024 |
| Performance report date: | 8 May 2024 |

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: 1052 Sacred Heart Mission Inc  
Service: 18921 Sacred Heart Mission Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8189 Sacred Heart Mission Inc.  
Service: 25874 Sacred Heart Mission Inc. - Community and Home Support

**This performance report**

This performance report for Sacred Heart Mission Inc. (**the service**) has been prepared by L. Malone, 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.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | **Compliant** |
| **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 | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives confirmed staff treat consumers with respect and understand their individual preferences. Care documentation included information about consumers’ background, goals and what is important to them, and staff demonstrated knowledge of consumers’ preferences and could describe how they respect consumers’ wishes. Consumers are informed about their rights to dignity and respect and the service has policies which support a culture of diversity and inclusion.

Consumers and representatives provided positive feedback in relation to care and services being culturally safe, and the assessment contact report provides feedback which describes how care and services support the consumer to participate in activities of cultural significance within their community and respect their preferences. Management described the systems and processes to support culturally safe and inclusive care and services such as cultural training to staff, translation of written information, engagement and referral to external groups, valuing consumer’s lived experience and respecting their wishes, and policies which respect consumers’ right to culturally safe care.

Consumers and representatives provided feedback that consumers exercise choice and independence, including in decisions about their care and service, and who they wish to involve. Consumer feedback in the assessment contact report described the consumer being able to communicate their choice, the service respecting their wishes and communicating effectively with the consumer’s chosen representative. Staff and management described having regular discussions with consumers about choice and the written documentation such as policies, consumer information packs and care planning documentation and tools which support consultation with the consumer.

Consumers and representatives were satisfied with how the service supports consumers to take risks and live their best lives. The service demonstrated processes to assess what choices are important to consumers, and staff understood how services support goals relate to quality of life for consumer such as remaining in their homes. Staff and management demonstrated knowledge of consumers, their choices and how they enable consumers to be active in their choices including for vulnerable consumers, those with reduced decision-making capacity and where the choice involves risk.

Consumers and representative provided feedback that the information provided by the service is clear, timely and easy to understand, and they provided examples of the various ways written and verbal information is communicated. Staff and management provided examples of ways they ensure information is effectively communicated including for consumers with sensory, memory or communication support needs.

The service has policy and procedures related to information privacy, electronic systems which support the protection of confidential information, processes to ensure consent to information sharing and mandatory privacy for all staff. Staff demonstrated knowledge of their responsibilities related to privacy and consumers provided positive feedback about the way their privacy is respected.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f), and therefore Standard 1 to be Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives were satisfied with the assessment and care planning process and the way it considers risks to the consumer’s wellbeing. Staff and management were able to describe assessment processes and how they consider risks, engage external care providers such as allied health professionals, and plan relevant strategies to inform safe and effective care for the consumer. Care documentation included comprehensive assessments, consideration of risks and the consumer’s goals and preferences, and individualised care planning.

The assessment contact report includes positive feedback from consumers and representatives that assessment and care planning identifies and supports the current needs, goals and preferences of consumers. Examples of feedback from consumers described how the supports they receive meet their current goals, or that they have had opportunities to discuss advance care planning. Staff described how they approach discussions with consumers about their goals and needs, including advance care planning.

Feedback from consumers and representatives described ongoing engagement about assessment and care planning. Staff and management demonstrated and described how they regularly engage with consumers and representatives and involve other providers of care such as allied health professionals and medical providers. Consumer assessment and care planning information was up-to-date and demonstrated ongoing partnership with the consumer and others who share care.

Consumers and representatives provided feedback that they regularly communicate with staff and/or management about the effectiveness of the care and services, can discuss the consumer’s care plans and that changes are made in accordance with requests. Staff described a schedule of annual reviews, and reviews in response to change in a consumer’s condition, mobility or following an incident or hospitalisation, as well as regular visits and discussions with the consumer about their care and services.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(e), and therefore Standard 2 to be Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Consumers and representatives interviewed expressed satisfaction with the personal and clinical care received, stating it meets consumer needs. One example in the report provides positive feedback from a representative about timely and appropriate skin integrity care and benefit to the consumer’s wellbeing. The service uses external care providers to provide nursing and allied health services. Care documentation demonstrated the involvement of these external nursing and allied health providers, effective communication, assessment and implementation of recommendations such as equipment or home modifications where required for the consumer. Staff described how they tailor care to the needs of individual consumers. Consumer care documentation reviewed by the Assessment Team demonstrated high-impact or high-prevalence risks associated with the care of consumers are identified, clinical and allied health assessments occurring where appropriate, and interventions to manage risks are implemented. Staff identified risks to the health of consumers they provide care to including risks of falls or social isolation and provided examples of ways they minimise risks for the consumer. Management described the processes to identify, report and investigate incidents and take preventative actions to minimise risks.

The service has processes to support consumers nearing the end of life. This includes involvement with an external palliative care provider, referring a consumer or the people involved in their care to appropriate supports or providing equipment and aids to maximise the consumer’s comfort.

Consumers and representatives interviewed expressed confidence staff would identify and respond to consumer deterioration or change in a timely manner. Some recalled examples of when staff had recognised deterioration in the consumer and responded appropriately. Staff described processes of contacting or arranging visits to the consumer, undertaking assessments and discussion of care and service options. Care documentation was reviewed by the Assessment Team and found to demonstrate timely identification and response to deterioration in a consumer’s health or condition.

Consumers and representatives interviewed were satisfied their conditions, needs and preferences are communicated within the organisation and with others where care is shared. Feedback from consumers and representatives included staff knowing the consumers well, recognising change and communicating with case managers and others as appropriate. Staff described how they access information to support them to understand the consumer’s condition, needs and preferences, and how information is kept up-to-date and is accessible.

Consumers and representatives were satisfied that referrals to other providers of care and services are made for the consumer when appropriate. Staff described the process of making internal and external referrals such as through brokered arrangements for allied health and clinical care providers. Care documentation demonstrated referrals are made in response to the consumer’s identified needs to a range of care providers such as medical practitioners, nursing services, podiatry, and occupational therapists.

Consumers and representatives described satisfaction with the actions staff take to protect the consumer from infection including hand hygiene and Personal Protective Equipment (PPE). Staff provided feedback they have completed hand hygiene and infection prevention and control training modules and examples of practices they undertake to prevent the transmission of infection. The Assessment Team reviewed the work procedures related to PPE use and infection control practices.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(e), 3(f) and 3(g), and therefore Standard 3 to be Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives provided positive feedback about the services and supports the consumer receives and provided examples of services which support them to meet goals of staying independent in the home or community or continuing to engage in occupations such as volunteering. Staff demonstrated knowledge of the activities and supports important to consumers’ independence and quality of life, and staff spoke positively of the service’s approach to supporting consumers.

Consumer feedback in relation to the emotional, psychological or spiritual supports provided by the service describes the consumer feeling supported in their emotional wellbeing as appropriate to their needs and wishes. Care documentation provided relevant information about consumers’ spiritual, emotional or psychological needs and preferences, and staff could describe how they would provide this support to consumers.

Consumers and representatives were satisfied the supports the consumer receive such as outings, shopping support or community groups enable the consumer to participate in the community. Consumer participation in activities of interest was reflected in care documentation.

The Assessment Team received positive feedback from consumers and representatives about the continuity and coordination of services and supports, and feedback that staff are knowledgeable of individual consumer’s needs. Staff feedback and care documentation demonstrated processes to effectively communicate information about the consumer’s condition, needs and preferences with those the consumer consents to be involved in their care.

Consumers and representatives were satisfied with referrals made to other providers of care and one example in the assessment contact report described specific support strategies and how this relates to the consumer’s goals. Management described the referral process and care documentation demonstrated appropriate referrals are made.

Consumers who receive meals under their home care package (HCP) funding were satisfied with the quality, quantity and choice. Staff described how they support the consumer in safe delivery, storage or heating and care documentation included information about the consumer’s dietary requirements and allergies. The service does not provide meals under the Commonwealth Home Support Program (CHSP).

Consumers and representatives described being supported in obtaining recommended equipment and expressed confidence maintenance is attended to as required. Care documentation demonstrated consumers are assessed by an appropriately qualified professional to ensure equipment is safe and suitable. The service has a process to communicate equipment maintenance needs and the Assessment Team viewed evidence of up-to-date maintenance, registration and insurance records for the service’s fleet vehicles.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g) for both HCP and CHSP to be Compliant.

Requirement 4(3)(f) is Not Applicable to CHSP and therefore was not assessed. I find Requirement 4(3)(f) to be Compliant for HCP.

As all assessed Requirements are Compliant, therefore I find Standard 4 to be Compliant.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Not Applicable |

Findings

Standard 5 was not assessed as care and services are provided in the consumer’s home. Requirements 5(3)(a), 5(3)(b) and 5(3)(c) are Not Applicable.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives expressed feeling comfortable to provide feedback to the service and raise any concerns via the available processes. Staff described ways they encourage and support consumer feedback. The service has a policy which states their commitment to seeking feedback and provides guidance on the processes.

The information pack provided to consumers was found to include information about language and advocacy services available to consumers. Consumers and representatives provided feedback they felt confident the service would help them if they required an advocate or other support to lodge a complaint. Management described the processes to support consumers to seek external methods for resolving complaints when required.

Consumers and representatives expressed satisfaction that feedback raised by them is addressed promptly by the service, and they were satisfied with the actions taken to resolve their concerns. Staff described how they document the feedback or complaint, take actions to resolve the issue and apologise when things go wrong. The service has a policy to support resolution of consumer complaints within a set timeframe and provides guidance on an open disclosure approach.

Staff and management provided examples to the Assessment Team of consumer feedback that had resulted in an improvement to care and services. Management explained the processes to support effective oversight of feedback, documentation and reporting. Complaints and feedback are reviewed, and a summary of issues are reported at staff meetings and to the governing body. Management outlined how consumer feedback was sought at the annual consumer survey and during the care plan review, and how this feedback is used to identify and action improvement opportunities. Staff and quality meeting minutes reviewed by the Assessment Team demonstrated feedback and complaints are a standard agenda item, and discussions and actions taken are recorded.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(d), and therefore Standard 6 to be Compliant.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives said they are satisfied care and services delivered are safe and of quality, and the workforce was described as reliable. The service utilises a mixture of mostly permanent staff with some casuals and external or brokerage arrangements for allied health, nursing, gardening and maintenance staff. There is a limited use of agency staff when shifts cannot be filled internally, The Assessment Team viewed rostering documentation and found no unfilled shifts in the fortnight prior to the Quality Audit and found information to support scheduling of staff included consideration of consumers’ needs and preferences.

Consumers and representatives described staff as kind and respectful. The service demonstrated how it promotes values of inclusiveness and diversity such as through job descriptions reflecting these values, workforce training, trauma-informed approaches to care and service delivery, and processes to monitor the compliance of the internal and external workforce with these values.

The service demonstrated effective systems and processes to ensure staff are competent in their roles. The schedule of mandatory training includes modules such as basic first aid and life support, code of conduct and organisational values and training related to safety practices and the Aged Care Quality Standards (Quality Standards). The service monitors staff competencies through internal audits and reviews of workforce performance.

The service has policies and procedures related to staff recruitment, onboarding and training which support delivery of care and services in line with the Quality Standards. Staff were satisfied the training they receive is relevant and supports them to maintain the expected skills and knowledge for their roles. Recruitment is managed by a dedicated team responsible for ensuring staff have appropriate qualifications and work clearances, and effective systems to record and monitor workforce compliance. The service provides a schedule of training relevant to the Quality Standards, and training in response to learning needs identified through feedback or other internal processes such as audits. Staff and management provided examples to the Assessment Team of workforce training delivered in response to feedback from a consumer or representative to improve care of consumers with dementia, and of training related to the Serious Incident Response Scheme (SIRS) to address a staff knowledge gap identified through an audit.

The Assessment Team found evidence of effective systems to monitor and review the performance of the workforce including monthly face-to-face meetings, internal audits, supervision arrangements and annual performance reviews. The service has policies and procedures related to workforce performance reviews and performance management to support these processes.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e), and therefore Standard 7 to be Compliant.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and representatives described being engaged in the development and evaluation of services through feedback and surveys and expressed confidence their input had influence on the way care and services are delivered. The organisations has a strategic plan which aims to increase consumer engagement and identifies the consumer voice as a key outcome. The governance structure of the organisation includes two committees with consumer representation a consumer advisory body (CAB) and a quality consumer advisory body (QCAB)

committee. The service conducts an annual consumer survey and monitors the participation rates and satisfaction demonstrated in the responses.

The assessment contact report presents evidence which demonstrated the governing body is accountable for the delivery of care and services which are safe, inclusive and of quality. The organisational structure includes the governing body, a range of subcommittees and aged care management and staff, and through a range of reporting structures, clinical and incident data analysis and meeting schedules, information about care and service delivery is effectively communicated between these levels of the organisation. Documentation viewed by the Assessment Team such as meeting minutes provided evidence of discussion of SIRS reports, complaints, incidents, organisation and procedure changes, and industry and related legislative changes.

The Assessment Team found evidence of effective governance systems relating to information management, continuous improvement, financial and workforce governance,

regulatory compliance, feedback, and complaints. The service uses several electronic systems to deliver consumer care and has internal audit processes to identify any gaps in information quality self-identify improvement actions. The service identifies improvement activities, has a documented plan for continuous improvement (PCI), and was able to demonstrate how feedback and other information informs actions on the PCI. The service has policies and procedures, defined workforce responsibilities and systems of communication which support effective workforce and financial governance, and demonstrated how the governing body, workforce and program delivery understand and meet regulatory and legislative obligations.

The service has a risk management framework which includes the management of high-impact, high-prevalence risks, prevention of abuse and neglect, supports consumers to live their best life through enabling choice including when there are risks, and systems and processes to identify, document and investigate risks and plan appropriate minimisation strategies. The service demonstrated effective processes to assess risks relevant to each individual and monitor risk at the organisation level. This includes identification of falls and malnutrition to be high-impact, high-prevalence risks for the consumer cohort, identification of vulnerable consumers and processes to respond when a consumer is not home for a planned service. Staff demonstrated knowledge of SIRS and confirmed they receive training on SIRS incident reporting, and described how they approach discussions about risk with respect for consumers’ right to make their own decisions about their care and lifestyle.

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service has a range of processes which enable effective monitoring of clinical care delivered through brokered arrangements and plans to improve clinical oversight with plans for consumer clinical assessments to be conducted internally by the service’s registered nurse. Although, no restrictive practices were found to be in use for consumers who receive care and services, staff were aware of restrictive practices and their responsibilities in relation to identification and reporting.

I have considered the evidence in the assessment contact report, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e), and therefore Standard 8 to be 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)