**Performance**

**Report**

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| Name: | Samjez Home Services |
| Commission ID: | 201530 |
| Address: | Suite 405, 152 Bunnerong Road, EASTGARDENS, New South Wales, 2036 |
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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: 9746 Samjez Pty Ltd

Service: 28006 Home Care Assistance Sydney City & East

**This performance report**

This performance report for Samjez Home Services (**the service**) has been prepared by Gill Jones, 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 | **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

Consumers and/or representatives said both office staff and care workers treat them with dignity and respect when delivering care and communicating with them. Consumers also said that they are confident that staff know about their identity, culture and background, and the things that are important to them. Care workers were able to speak about consumers with knowledge and respect to their individual services. Case managers keep in contact with consumers frequently to ensure they build rapport and build relationships with consumers. Consumer file review, including care plans, demonstrated information on consumer culture, diversity, life history, relationship information and care preferences were all well documented.

Consumers and/or representatives said care workers understand their preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. Care workers were able to describe how they delivery culturally safe care and how services can be tailored to suit a consumer’s individual preferences relating to their culture. Case managers said that the information system, includes information about a care worker’s background so that they can match consumers to care workers based on preferences and similarities and language where appropriate.

Consumers and/or representatives described how they can exercise choice and independence, make their own decisions regarding the way that their services are delivered and who they would like to be involved in those decisions and their care. Care workers were able to describe the methods they use to encourage, promote, and educate consumers and their representatives on informed decision making in relation to their care. Consumer files sighted all contained information on consumer’s relationships, support person/representative and their contact details. There were also instructions on who to contact for next of kin or emergencies.

Consumers and/or representatives said the care and services they receive supports them to remain living at home and staff encourage them to be independent. None felt there were any particular risks they needed support for but felt the service would assist them if there were. Care workers were able to demonstrate how they support consumers to live life fully and take risks if they wish, for example, go out into the community even though they may have mobility risks. They felt they were provided with information on individual consumer risks and how to manage these. Management and case managers said consumers are provided with information about dignity of risk and informed decision making.

Consumers and/or representatives said that on commencement of services, they recalled being provided with lots of information, including a client agreement and handbook. They also received a budget and confirmed they get sent monthly statements regarding their package funds. They felt the statements were clear and easy to understand. On an ongoing basis consumers and representatives are also provided with newsletter (September 2023 sighted) and advice of any changes to fees. Evidence of monthly financial statement to consumers were also evidenced. These were noted to be itemised and clearly dated.

All consumers and/or representatives sampled said they felt that staff respect their privacy and keep their personal information confidential. Consumers did not raise any concerns regarding their privacy. Staff members were able to describe the methods they employ to ensure consumer information is kept secure. All consumer files included consent. Policies are also in place that include privacy, confidentiality and consent, including informed consent.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 1 fully 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was able to demonstrate that assessment and planning considers risks to the consumer and informs the safe delivery of care. Consumers and/or representatives interviewed were satisfied with the assessment and planning process and indicated staff listened to their needs and discussed ways to reduce risk and support their health and wellbeing. A thorough initial assessment of consumer care needs is completed with consumers who are new to the service and may follow with a clinical assessment by a registered nurse, using validated tools where applicable. Risk assessments in the care plan include home safety, falls, medication administration, skin and wound care, pain, choking and cognition.

The service demonstrated that assessment and planning processes capture information about consumer needs, goals, and preferences and this is kept up to date through ongoing communication between consumers, staff, and management. Case managers described how conversations with consumers and/or representatives identify what is important to them and inform delivery of services. Care documentation viewed for sampled consumers included specific needs, goals, and preferences. Consumers and/or representatives confirmed their current needs, goals and preferences were reflected in assessments and care planning documentation and how their services were delivered. Interviewed consumers and representatives stated they couldn’t recall discussing advance care planning or being asked. Case managers stated most consumers declined to discuss advance care planning at the assessment. In some care documentation this was recorded.

The service demonstrated that assessment and planning involved ongoing partnership with the consumers and those they wish to be involved in their care, which includes brokered services and other organisations who provide services to meet the needs of the consumer. Consumers and/or representatives interviewed said they are involved in care planning discussions and decision making, and their involvement was evidenced in reviewed care documentation, which incorporated consumer wishes in the assessment and planning process and detailed any conversations in progress notes. Involvement of external medical and allied health providers was also evident in care documentation, including assessment reports and care recommendations, emails and progress notes and health and medical summaries.

The service was able to demonstrate that outcomes of assessment and planning are effectively communicated to the consumer and available in the care and services plan. Consumers and/or representatives interviewed said assessment information was explained to them by the case managers or the clinical team. Case managers said assessments are completed in person and all outcomes explained at that time, if possible, and a copy of the consumer care plan is also provided at that time or later if it needs to be changed. Most consumers and/or representatives confirmed a copy of the care plan is in their home.

The service demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Consumers and representatives were satisfied that care and services are reviewed regularly. Care documentation showed reviews had been undertaken in line with the care plan review policy timeframe, following incidents, and when a consumer’s clinical needs or personal circumstances changed. Staff and consumers described how they communicate with the case manager when changes occur impacting the needs of the consumer.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 2 fully 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

The service was able to demonstrate that consumers receive safe and effective personal care and clinical care. Policy and procedures have been developed in relation to care provision that are linked to the Quality Standards and best practice resources and are updated when legislation changes, or other information is received. Management said they ensure safe and effective care by hiring a competent and suitably qualified workforce. Consumers and/or representatives interviewed were satisfied with the quality of clinical care and said personal care services were safe and tailored to their needs and optimising their health and well-being. Care workers interviewed said they ensure personal care is delivered safely and tailor it to the needs of the consumers and their wishes. Care documentation reviewed showed evidence of best practice and care services tailored to consumer needs.

The service demonstrated high impact or high prevalence risks associated with the care of consumers is effectively managed. The service identified falls, medication safety, hearing loss, living alone, hydration/nutrition and infections as high impact or high prevalence risks for consumers within the service. An incident register is maintained, with trends identified and mitigation strategies discussed in meetings. Risk assessments are completed during each care plan review and when circumstances change and are recorded within the care plan, including mitigation strategies. Care staff are made aware of risks and how to manage them through the service’s electronic information management system. All consumers and representatives interviewed expressed confidence that risks associated with their care are managed well.

The service has policies and procedures to recognise when consumers are approaching end of life, and to guide staff in having end of life discussions with consumers and/or representatives about individual end of life goals and preferences. Management stated the service was currently working with a local palliative care team to develop end of life and palliative care information packs, to be used as a training resource for staff and consumers. The service does not currently or regularly manage the needs of consumers nearing end of life care.

The service was able to demonstrate that deterioration of the consumer’s health, capacity and condition is recognised and responded to in a timely manner. Consumers and/or representatives interviewed expressed confidence that the service and their staff would identify and respond to consumer deterioration or change. The service has policies and procedures to guide staff in how to identify, document and report consumer deterioration and education is included in the induction program. Changes reported by care workers and the consumer’s family are documented in the information management system and escalated to the clinical team. Weekly meetings, involving clinical and case management staff, review consumer changes and deterioration to assist with further care planning and risk management.

The service demonstrated that information about consumers’ conditions, needs and preferences are communicated within the organisation and with others responsible for care. This included allied health, medical practitioners/services, and providers of equipment. Consumers and/or representatives interviewed generally expressed satisfaction with the service’s communication about the consumers’ conditions, needs, and preferences.

Consumer care information is available for staff through an online information management system and intranet folders. Care workers access service details and care plans through a mobile phone application. New staff and staff visiting a consumer for the first time receive verbal handovers on care needs from case managers and attend buddy shifts with regular staff. Case managers and clinical staff said they ensure communication is ongoing when care is shared outside the organisation, such as palliative care teams, specialist clinics and hospitals and medical practitioners. Nursing and allied health brokered services mostly provide monthly reports to case managers, which are stored in the information system. Management said subcontracted providers provide updates by phone and email if follow up action is indicated or when a consumer’s condition changes.

The service demonstrated appropriate referrals were made to other providers and services in a timely manner. Care documentation showed evidence of referrals to providers such as allied, nursing services, equipment suppliers, and medical practitioners. Consumers and representatives interviewed said they are satisfied that when needed, the service does or would assist with involving appropriate individuals to be involved in the care and service delivery. Case managers track the referral progress through a referral register and facilitate communication with the provider.

The service was able to demonstrate the minimisation of infection related risks to prevent and control infection. The service has detailed policies and procedure for infection control and to minimise the spread of infections, including antimicrobial stewardship, COVID-19 protocols and outbreak management. Policy and procedures are kept up to date, include links to government resources and are implemented in alignment with public health directives. Care workers are provided with infection control training and personal protective equipment and additional supply is available at the office when needed. Staff were able to demonstrate their knowledge of infection control strategies with the Assessment Team. Consumers and/or representatives interviewed were satisfied with the measures taken by all staff to protect consumers from infection.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 3 fully 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/or representatives said they are encouraged to stay active to maintain their physical independence. They are referred for additional services through MAC, such as OTs, when needed, who may recommend equipment or home modifications to help them stay safely at home. They provided positive feedback regarding care workers helping them do the things they want to do through in-home or community based social support services. Care workers gave examples of individual consumer needs and preferences and how they help consumers maximise their health, wellbeing and quality of life. Care plans sighted on consumers’ files were written in a way that is consumer focused and included their individual interests, needs and preferences, including personal goals. Reviews and progress notes also documented any changes with regards to individual needs and preferences and supports for daily living.

Consumers and/or representatives advised they enjoy services and feel comfortable, happy and safe with their care workers while receiving care. They said care workers check how they are on each visit and if they have any concerns will report this to the case manager. They also provided positive feedback on how being socially connected also helps them emotionally. They said they develop an ongoing relationship with their regular care workers, which helps meet their emotional and psychological needs and improve their overall health and wellbeing. Care workers and case managers demonstrated a good knowledge of individual consumers’ needs, personalities and interests. They were able to give examples of how they meet the emotional, spiritual and psychological needs of consumers. Sampled consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are input to care plans and reviewed on an ongoing basis. Progress notes sighted on consumers’ files document any changes in needs relating to emotional, spiritual or psychological wellbeing, with care plans updated as required.

Consumers and representatives provided feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community. They said they have plenty of opportunities to do things that are meaningful to them and the care workers will take them wherever they wish on their social support services. Care workers were able to give descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoy, such as attending particular shopping centres, going for walks or drives in the local community. Sampled consumers’ assessment and care planning documentation on all files contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers and/or representatives were satisfied the service had good communication systems in place to ensure care workers knew their needs and when changes occurred with their care. Care workers said they were satisfied with the information they receive, as it helps them identify any consumers who may need additional support.

Consumers and/or representatives said referrals are made from time to time, with their permission. A number of consumers and representatives said they had been referred to occupational therapists for home modifications or equipment to aid their independence and help them in accessing the community. Progress notes on consumer files included information, referrals and assistance to access other services such as home modifications, equipment and social support group services. This was evidenced in progress notes sighted on electronic consumer files.

Consumers and/or representatives advised they had received equipment through their package, or were in the process of receiving it, to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Care workers advised equipment is listed in the consumer’s care plan and they receive instructions for it’s safe use and training when needed. They said they check equipment for safety as needed and would report back any issues to the case managers but to their understanding it is serviced on a regular basis.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 4 fully compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and/or representatives said that they are aware of how to provide feedback or make complaints and would feel comfortable doing so. They confirmed they had received written information on this provided to them through an information pack and service agreement. They were aware of internal and external complaints processes. They confirmed they were encouraged to provide feedback and complaints. They also confirmed they are asked to provide feedback through surveys, which they had recently completed.

Consumers and/or representatives confirmed they have been made aware of advocates, language services and other methods for raising complaints. They said it was included in their information provided at commencement. This includes information on external complaints mechanisms such as the ACQSC. They also have nominated representatives in place, who they can involve if they wish to raise a complaint. Management said that for those consumers that have language barriers, they use translator services and have their documentation in their preferred language.

Consumers and/or representatives interviewed said they felt that appropriate action had been taken by the service in response to their feedback and complaints, and that staff had apologised when something had gone wrong. The service provider’s complaints documentation show complaints are logged in the feedback and complaint register linked to the consumer, they are prioritised, time lined, escalated if appropriate, and actioned generally in a timely manner.

Management described how they use the information from surveys, feedback, and complaints to gain an insight into the quality of their service. The general manager manages the complaints register and reviews and reports to the board monthly. Policies regarding feedback and continuous improvement guide staff practice. The service also maintains a continuous improvement plan to monitor improvements. The assessment team noted correlation between themes raised in feedback and complaints being part of the continuous improvement plan.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 6 fully 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

Consumers and/or representatives advised that they felt comfortable there were enough staff to deliver their care and services. The service sufficiently demonstrated that there is an effective system in place to support sufficient staff numbers of skilled and qualified staff, particularly in the event of unplanned or planned leave. A review of documentation, including consumer support plans and dated notes, demonstrate communication to consumers and/or representatives regarding replacement staff and services are scheduled in a timely manner. Most consumers interviewed provided positive feedback regarding staff and said they receive care and services from two or three of the same support workers and they are very happy with the staff. They said if someone is sick other staff covers those services.

Consumers and/or representatives interviewed all said staff they dealt with when receiving services treated them with kindness, respect, and dignity. Consumers also said their preferences were respected regarding the choice of care worker and timing for their services.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce that is hired is competent to perform their roles. Management described how they ensure staff have appropriate qualifications, including registrations as part of their monitoring process. Management advised they oversee the delivery of services by subcontracted agencies, and all subcontracted staff have relevant qualifications and knowledge to perform their roles.

Staff and management said they conduct buddy shifts to ensure competence, and all staff are given orientation and explained their individual scope of practice. Staff said they all have detailed position descriptions, that they sign and understand. Consumers and representatives confirmed they felt staff were competent.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service has policies and procedures to guide staff in recruitment and induction processes. The service has a continuous improvement approach to staff development. Following induction, the service provides regular, ongoing training and development to staff across the organisation including opportunities for progression. Staff described completing relevant training and being supported in their roles. Consumers and/or representatives reported that the staff who provide services have the skills to do their roles.

The service was able to demonstrate regular assessment, monitoring and review of the performance of most members of the workforce is undertaken. The service has a performance appraisal system in place for staff and are conducted yearly. Management said they regularly check in with case managers and consumers on their feedback in relation to appropriate staff and ensure that staff also are able to contribute to their appraisal and suggest training and development options.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 7 fully compliant.

# Standard 8

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

Consumers and/or representatives were able to provide examples of times they have provided feedback to the service, both informally and formally and the service could demonstrate when they have used this feedback to develop and improve services. Management advised consumer feedback and suggestions are collated, and trended and informs the continuous improvement system. Staff stated the service is well run and advised management is responsive to consumer feedback. A consumer advisory group also meets on a regular basis.

Most consumers and/or representatives sampled said they are satisfied the service provider promotes a culture of safe, inclusive, and quality care. The organisations governing body works with the director to oversee the organisations strategic plan and policies to ensure all Aged Care Quality Standards are achieved. The director said he and the board are committed and remain accountable for the delivery of quality care and services by remaining informed of delivered services, and key risk areas. Regular meetings and reports are reviewed, with trends identified and analysed with additional policies and procedures as needed to react to identified risks. Regular review of the risk register enables them to ensure risk information is up to date and sufficient mitigation strategies are in place to address any risks. The organisations continuous improvement plan had both immediate mitigation strategies, and long-term system improvements documented to continuously improve the service.

The organisation has effective organisation wide governance systems.

The service has a centralised information management system for consumer information. Staff said they think the system is easy to navigate and includes all basic information they need to access to perform their day-to-day duties. There is also a system to ensure organisational documentation is stored securely.

The service demonstrated they show initiative in identifying opportunities for continuous improvement through consumer, representative and staff feedback, identified risks and incidents and internal audits. The service has an ongoing continuous improvement plan which is monitored by management as well as the directors and board for progress. The register has items organised by relevant quality standard requirement, and all have issues identified, planned actions/dates and outcomes included.

Management confirmed financial governance systems are in place to manage finances. They confirmed ongoing review occurs of consumer’s funds and they were able to easily provide a list of those with a high amount of unspent funds. Management has oversight of the service’s income and expenditure, and this is reviewed regularly and discussed by the governing body.

All staff members, both operational and management, are provided with a job description that include clear explanations of roles and responsibilities. All staff interviewed were aware of their roles, accountability, and responsibilities. Staff are provided with adequate training, both mandatory and ongoing, to support them in their roles and relevant training records were sighted. Staff are supported by their managers, who have regular meetings with their teams to ensure the service runs smoothly. There are processes in place to ensure the monitoring of subcontracted services such as allied health, home modifications, equipment, and gardening services. The service regularly seeks feedback from consumers about services provided by subcontracted staff.

The service monitors staff compliance with regulations such as police checks. All staff were up to date with all requirements. The register is monitored by management through the HR/payroll management system, which notes if items are due or overdue.

The service has effective systems and processes in place to ensure consumer, representative and staff feedback is captured, and that information is used by management to inform and improve services. Management confirmed that consumers and/or representatives complete satisfaction surveys and feel comfortable providing feedback verbally, both positive and negative to care workers and coordination staff. This information is discussed at various meetings within the organisation and information is communicated to management and the directors in the form of complaint trends, data, and plans for continuous improvement.

Management outlined their incident management policy and incident management register overseen by the general manager, registered nurses and director. The policy outlines the recording, escalation, and tracking of action. Example of an incident was provided, and actions undertaken to address the issue discussed.

Staff are supported by management if they identify any abuse and neglect of consumers, and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Training and meeting agenda items include reference to incident management, and how best to support consumers at risk. Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required.

Management and staff were able to identify high risk consumers, including those with special needs, cognitive and functional difficulties, and limited supports through care planning. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation of getting staff who understand them and know of their needs.

Various documentation was in place that identifies the ways the service uses consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The clinical governance framework includes a range of policies and procedures and ensures the workforce is supported with qualified clinical staff advice when needed, ensuring adequate supervision and advice is provided to operational staff when clinical or personal care is being provided. The organisation has an experienced clinical care manager, who provides oversight of clinical care in the organisation, and a general manager, both of whom have clinical skills and qualifications. Policies and practices are also in place that cover antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Approved Provider did not provide a response to the Assessment Team’s report. Based on the information in the Assessment Teams report I find Standard 8 fully 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)