**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | South Western Sydney Local Health District |
| Commission ID: | 200865 |
| Address: | Level 3, 1 Bolger St, CAMPBELLTOWN, New South Wales, 2560 |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2024 to 19 August 2024 |
| Performance report date: | 19 September 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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7899 South Western Sydney Local Health District  
Service: 24337 South Western Sydney Local Health District - Community and Home Support

**This performance report**

This performance report has been prepared by T Bartlett, 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 services it operates, 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, which was informed by a site assessment, observations at service outlets, review of documents and interviews with staff, consumers, representatives and others.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| 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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives consistently advised consumers are treated with dignity and respect by staff and management. Staff and management described how consumers’ individualised identities, culture and diversity are respected. This included ensuring consideration of cultural dietary preferences is made when planning modified diets. Staff confirmed completion of respecting the difference training and access to diversity strategies sighted by the Assessment Team. The code of conduct policy outlines core organisational values of collaboration, openness, respect and empowerment.

Consumers and their representatives confirmed staff provide culturally safe care to consumers that foster a sense of safety and respect. Staff demonstrated an awareness and appreciation of individualised consumer cultural and religious beliefs and practices. This was demonstrated by the implementation of strategies, such as arrangements of appointments around prayer times or wearing of shoe coverings within the home. Information and evidence in Requirement (3)(b) of Standard 7 show the organisation places specific emphasis on cultural awareness training for staff working with Aboriginal and Torres Strait Islander people. In addition, management advised an Aboriginal liaison officer is available to engage with consumers of indigenous backgrounds to ensure services are culturally appropriate. Documentation reviewed included policies and procedures that guide staff in considering each consumer’s cultural safety when planning and delivering care. Training records confirmed staff complete culturally responsive healthcare training.

Consumers and their representatives advised the organisation makes it easy for consumers to be involved in making decisions and are encouraged to make decisions on services received and who they would like involved in their care. Staff described the development of support options in consultation with consumers and their representatives. Management advised capacity assessments are conducted by clinical care nurse consultants to ensure consumers experiencing cognitive decline are supported to exercise choice within their capacity. Documentation reviewed confirmed consumer preference and choice are considered when planning and delivering services. This included, consistent with information and evidence in Requirement (3)(c) of Standard 2, communication preferences of all service-related correspondence to be made through the consumer’s authorised representatives.

Consumers and their representatives advised that staff actively listen to consumers, understand their priorities and respect the choices they make. Staff and management described the importance of discussing potential risks with consumers and providing them the freedom to decide how to manage risks. Documentation reviewed showed dignity of risk discussions include education on involved risks, purpose of suggested mitigating strategies and consumer acknowledgement of risk.

Consumers and their representatives confirmed they receive information that is timely, clear and accurate. In addition, consumers and their representatives advised they are supported to access translation and communication tools as required. Staff described strategies used to ensure information communicated to consumers is understood. These strategies include printing of information in larger, bolder text, use of pictorial information sheets and interpreter services. Documentation reviewed confirmed consumers receive information packs that contain a range of pamphlets, flyers and guides to inform choice. In addition, information and evidence in Requirement (3)(c) of Standard 8 shows consumer publication resources have been developed and approved for use by consumers and their representatives.

Consumers and their representatives advised staff are respectful of each consumer’s personal privacy. They provided information on how the consumer’s personal information is used and their consent is sought prior to the personal information being shared as required. Staff confirmed the code of conduct is signed every year detailing the importance of protecting consumer privacy. In addition, staff described and were observed to follow practical strategies to maintain privacy. These included ensuring unattended computers were locked, the use of privacy curtains when conducting assessments and procedures and always checking for consent prior to sharing of consumer information. Management advised, and observations confirmed, consumer information sent electronically is password protected and can only be accessed with the password sent in a separate email. Training records sighted show staff complete a range of relevant privacy training including cybersecurity and responsibilities in handling personal health information.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | 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 |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives expressed satisfaction with assessment and care planning processes conducted. In addition, consumers advised clinical staff were knowledgeable and supportive in answering questions on their care needs. Management described assessment and planning processes involving the completion of evidence-based assessments by qualified clinical staff. A sample of care planning documentation reviewed confirmed the use of validated risk assessment tools, such as, but not limited to, falls risk for older people in the community, psychogeriatric assessment scale and mini nutritional assessment. Associated identified risks and interventions were also observed to be documented in all sampled consumer files reviewed.

Consumers and their representatives confirmed receipt of planned care that is reflective of the consumer’s current needs and goals. Staff advised they have access to consumer needs, goals and preferences via the electronic management system on their mobile phone application. Management described, and documentation reviewed confirmed, assessment and planning processes include the identification and recording of each consumer’s individualised current needs, goals and preferences. In addition, management advised, and documentation reviewed confirmed, advanced care planning is discussed and recorded in consumer files.

Consumers and their representatives advised consumers and those they wish involved in assessment, planning and review of care and services are actively consulted and supported to do so. Management articulated the importance of receiving information from all sources involved in the care of the consumer to ensure appropriate levels of assistance can be effectively implemented.

Consumers and their representatives reported outcomes of assessment and planning are discussed with them prior to commencement of services and supports with some recalling receipt of a care plan. Management confirmed following initial assessment or review, a copy of the care plan is offered to consumers and their representatives. A sample of consumer files reviewed confirmed each consumer has a current electronic care plan in place.

Consumers and their representatives expressed confidence that if a consumer’s needs or preferences changed their services would be suitably adjusted. Staff and management interviewed described review processes in place to formally, and as needed, review the currency and effectiveness of consumer care and services. Care planning policies and procedures describe the process and triggers for reassessment of consumer care and services.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2, Ongoing assessment and planning.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | 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 |
| 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

This Quality Standard has been assessed as compliant as 7 of the 7 specific requirements are compliant for each service.

Consumers expressed satisfaction with the individualised and competent clinical care received. Staff were knowledgeable on the individualised clinical care needs of consumers and could describe key areas of concern and risk mitigation strategies implemented. Staff confirmed training is provided to maintain best practice and work within their scope of practice. Management advised consumers receive services from qualified allied health professionals who possess the necessary skills, knowledge and competencies to provide best practice care. Care planning documentation reviewed confirmed outcome and progress of clinical care completed is based on current consumer care needs and goals.

Management advised the high-impact or high-prevalence risks of the consumer cohort included pressure injury, falls and social isolation. Staff confirmed most consumers receiving care are a high falls risk and were able to describe strategies used to mitigate and minimise the risk of falls. This included assessment of mobility during initial assessments and ongoing review. Staff advised alerts associated with each consumer risk are visible on electronic consumer files. Documentation reviewed confirmed the organisation has internal procedures, including the use of validated risk assessment tools and an incident management system to manage high-impact or high-prevalence consumer risks.

End-of-life care was not provided under CHSP funding. However, as per information and evidence in Requirement (3)(b) of Standard 2, the organisation maintains an advance care planning and palliative care policy that outlines information on supporting and managing consumers during end-of-life care. Management advised consumers requiring end-of-life care are referred to the palliative care team.

Consumers and their representatives were unsure if staff would recognise a change in their condition due to the short term, episodic nature of allied health or nursing services received. However, staff advised care planning documentation includes consumer health conditions, clinical observations and identified risks. Staff confirmed based on this documented information consumer deterioration would be recognised and addressed. Management described allied health assessment tools used to assess deterioration and appropriate actions taken, such as referral to other specialised care services. Referral procedures following noted deterioration are documented in the organisation’s deterioration and escalation of care policy. Care planning documentation reviewed confirmed regular adjustments to care and services occur in response to changes in a consumer’s condition.

Consumers and their representatives were satisfied that consumer needs, preferences, and choices are effectively communicated with all relevant staff as required. Staff and management interviewed advised, and review of the electronic care management system confirmed, staff have access to contemporaneous consumer information including service delivery tasks. Staff confirmed progress notes completed after service delivery are available to other staff involved in the ongoing management and delivery of consumer care. Care planning policies and procedures describe the organisation’s process for staff to communicate information relevant to a consumer’s care needs both internal and external to the organisation.

Staff and management described referral processes to other specialist health care professionals, such as dementia advisory or palliative care teams that included obtaining consent from consumers to share their information. An internal referral procedure provides guidance on appropriate referral options available based on outcomes of completed validated assessments.

Consumers and their representatives confirmed staff follow infection control practices, such as hand hygiene and the use of personal protective equipment. Staff confirmed completion of infection control training and described practising hand hygiene, wearing of appropriate personal protective equipment and completion of rapid antigen testing when experiencing flu like symptoms. Management provided evidence staff are provided regular and sufficient infection control training and have access to adequate personal protective equipment. Staff vaccinations are recorded and tracked. A risk management framework for infection prevention and control includes assessment tools and a state government health risk matrix.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not Applicable |
| 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. | Not Applicable |
| 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. | Not Applicable |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 applicable requirements are compliant for each service.

Requirements 4(3)(b), 4(3)(c), 4(3)(f) and 4(3)(g) are not applicable, as the provider is only funded to provide nursing, allied health and therapy services through the CHSP program.

Consumers and their representatives confirmed consumers receive daily living services that allow them to maintain their independence and quality of life. Staff described providing support to consumers to access social support services to increase independence. Care planning documentation reviewed included examples of services implemented that supported consumers to maintain their independence and quality of life based on their goals.

Staff advised they are expected to record and document all care information, progress notes, events, referrals completed, and recommendations in the electronic care management system and provide face-to-face handovers with relevant staff. Management confirmed all staff have relevant access to consumer care planning and assessment documents and progress notes. Management advised consent is obtained by consumers prior to updating other health organisations involved in the care of the consumer. Care planning policies and procedures describe organisational processes for staff to follow when communicating relevant consumer information to both internal and external parties involved in the care of consumers.

Staff and management interviewed described referral processes used to refer consumers back to their general practitioner, other health professionals and My Aged Care. A referral triage team is responsible for triaging consumers and prioritising consumer referrals based on consumer needs. Referral policies and procedures sighted included guidance on internal and external referral pathways.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all applicable Requirements in Standard 4, Services and supports for daily living.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | 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. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 3 of the 3 specific requirements are compliant for each service.

Consumers interviewed in each service environment provided positive feedback about their experiences within service environments and confirmed they always feel welcomed by staff. Staff described strategies used to promote consumer independence and function, such as providing choice of seating options available within the waiting area. Observations of service environments included large light filled open spaces, clearly signposted bathroom facilities and friendly and supportive interactions with consumers and staff.

Consumers and representatives in each service environment expressed satisfaction with clean and well-maintained service environments that were easily accessible indoors and outdoors. Staff advised, and documentation reviewed confirmed, maintenance issues reported are actioned through work tasks requested. Consumers were observed to move freely about in safe, clean and well-maintained service environments.

Consumers in each service environment advised furniture and equipment used is clean, safe, fit for purpose and well-maintained. Staff advised, and documentation reviewed confirmed, furniture and equipment are cleaned in between each consumer use. Equipment and furniture observed at service environments were clean and well-maintained. In addition, suitability of furniture and equipment were observed to be adjusted based on individual consumer use and need.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | CHSP |
| 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Most consumers and their representatives advised they know how to provide feedback and make a complaint and confirmed staff ask for their feedback at various times throughout the year. Staff demonstrated knowledge of various consumer feedback pathways available and confirmed encouraging and supporting consumers to contact management with complaints. Management advised, and documentation reviewed confirmed, complaint handling information is provided to consumers in welcome packs and during visits and reassessments. Management advised consumers are also provided opportunities to provide feedback via surveys available on electronic devices available within service environments. Complaint management policies and procedures reviewed provide guidance on how staff can empower consumers to provide feedback and make complaints.

Most consumers and their representatives confirmed that information regarding other services and supports to assist with providing feedback and making complaints was provided. Staff demonstrated an awareness of how to support consumers who may require an advocate or have difficulty communicating to raise any concerns. Examples described by staff included assistance to engage consumers with external complaint avenues and translating services. Management advised staff are educated on the organisation’s advocacy procedure and provided instruction on how to access interpreting services as required. Observations of service environments included displays of advocacy pamphlets and interpreter service signage. The complaint management policy outlines staff responsibility to assist to arrange an interpreter or offer a support person for consumers as required.

Most consumers and their representatives expressed confidence that their complaints and feedback would be appropriately responded to and actioned. Staff demonstrated and described key components of open disclosure used to resolve complaints. This included offering an apology and empathising with consumers. Management advised appropriate and timely action to complaints are key management performance indicators. The open disclosure policy reviewed included details of the essential elements of open disclosure and reference support mechanisms available, such as access to a state government health service open disclosure advisor.

Staff demonstrated an awareness of the importance of escalating complaints to management to ensure the quality of consumer care and services delivered could be improved. Management advised consumer complaint data is discussed and reviewed regularly and used to inform continuous improvement actions. Documentation reviewed confirmed committee meetings held identified opportunities for improvement based on analysed consumer feedback data.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | 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 |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives expressed satisfaction with timely and competent services provided by staff. Staff advised their case loads are manageable and equitably distributed. Staff confirmed allocation of sufficient time to complete services effectively. Management advised workforce planning is based on consumer needs and maintaining manageable staff caseloads. Management described the use of casual staff to cover unfilled shifts because of unexpected leave. Management advised staffing requirements are discussed and reported to executive leadership. The organisation’s workforce planning is guided by state government strategic and operational plans.

Consumers and their representatives described staff as kind, caring and respectful. Staff demonstrated awareness of individual consumer’s condition, needs and cultural preferences and described the importance of providing individualised compassionate and respectful care inclusive of religion or race. Staff performance development plans reviewed confirm staff are evaluated on their adherence to the code of conduct. Recruitment processes and position descriptions document service expectations of staff and incorporate organisational values of inclusiveness, collaboration and courage.

Consumers and their representatives confirmed staff are skilled and competently perform tasks. Staff described competency assessments in areas such as, wound care and catheterisation completed prior to commencement of independent shifts. Management advised staff are required to complete a pre-employment and care industry specific competency checklist prior to onboarding. A staff compliance register is maintained and monitors currency of staff professional registration. Staff drawn from the casual pool to cover unfilled shifts undergo the same competency and qualification checks as permanent staff. Recruitment and selection of staff policies and procedures contain checklists to ensure all relevant qualifications and checks have been fulfilled prior to onboarding.

Staff advised they were satisfied with an induction process that included mandatory training, face-to-face orientation and joint home visits with experienced staff. Staff confirmed they are encouraged to complete additional training available on the online training platform and receive ad hoc education during monthly meetings or upon request. Management described, and documentation reviewed confirmed, role specific training matrices and a mandatory training calendar in place which is monitored and reported on monthly. In addition, management confirmed input from consumer complaints, incidents, employee engagement surveys and the consumer advisory council assist to identify gaps in training and education. Clinical leadership programs and professional development are also in place for allied health graduates and students.

Staff described regular supervision meetings with management to discuss their progress, performance and areas of required support. Management confirmed a probationary period applies to all new recruits with probation and performance reviews monitored by management, the clinical educator or senior lead. Management stated, and documentation reviewed confirmed, staff performance appraisals including assessment against key performance indicators are recorded and maintained within the electronic management system.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7, Human Resources.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | 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 |
| 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives confirmed encouragement to engage in the development, delivery and evaluation of consumer care and services by completion of regular surveys. Staff described seeking face-to-face consumer feedback during service delivery and assessment and care planning discussions. Management advised consumers are encouraged to provide feedback during home visits, phone or email contact. In addition, surveys generated upon completion of treatment plans assist to evaluate satisfaction with care and service delivery. Documentation reviewed confirm consumer experience and engagement are standing agenda items included in quality and safety committee meetings.

The organisation has a Board of Directors inclusive of experienced professionals from the business, medical and community sectors. The Board is supported by a range of sub-committees, including health care quality and safety, audit and risk management, finance performance and asset, workforce wellbeing and culture and Aboriginal health. The Board also has access to consumer community and medical staff executive councils. Documentation reviewed confirm the Board receives sub-committee and council reports that are used to maintain oversight of care and service delivery. In addition, the Board is responsible for setting overall strategic direction that is guided by state government premier and future health priorities. Information and evidence in Requirement (3)(c) of this Standard show operational plans in place include status reports to ensure risks identified are tracked and addressed.

Effective organisation wide governance systems are in place including:

Information management

* Documentation reviewed confirm consumers and their representatives receive information that is timely, clear and accurate. This includes easily accessible website-based information.
* Staff confirmed access to an electronic password protected data system containing relevant consumer information, such as medications, clinical and specialist assessments, diagnosis, medical imaging, and pathology assessments. Staff confirmed updates to treatment plans occur in real time.

Continuous improvement

* Management advised opportunities for continuous improvement are identified through the organisation’s clinical governance and quality committees, consumer council committee, consumer and staff feedback and incident report data.
* Management described the use of an internal quality audit reporting system tool used to help improve the quality and safety of care provided.
* The organisation maintains a continuous improvement plan that guide service improvements, such as training and review of policies and procedures.

Financial governance

* Financial Governance is managed through the finance directorate in conjunction with business managers. Finances are reviewed regularly and discussed with executive leadership teams.

Workforce governance

* An organisational chart in place outlines workforce reporting frameworks.
* Management confirmed all staff have position descriptions in place that include clear explanations of roles and responsibilities.
* All staff interviewed demonstrated awareness of their responsibilities and accountability for managing the safety and quality of care and services delivered.
* The organisation supports and develops its workforce with induction and ongoing mandatory training provided.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications which is monitored and disseminated in the form of operational processes.

Feedback and complaints

* The organisation encourages and records consumer feedback that is communicated to the clinical governance council in the form of complaint trends, data and plans for continuous improvements.

Effective risk management practices and systems were demonstrated, for example:

* Organisational risk is formally identified and managed in accordance with state government health enterprise-wide risk management policy directives and procedures.
* Risks outlined in strategic and enterprise risk registers are reviewed quarterly by the audit and risk committee who report to the Board.
* The Board receives reports of consumer incident data, risk controls and mitigation strategies utilised via the health care quality and safety committee.
* Vulnerable consumers are identified via assessment processes including a vulnerable checklist for aged clients. Information regarding consumer conditions is communicated via daily huddles and multidisciplinary team meetings.
* Disaster management and aged care service emergency plans are established to provide staff guidance during emergencies and disasters.
* Policies and procedures provide guidance to staff in identifying and managing high-impact or high-prevalence consumer risks, such as falls, cognitive decline and general health deterioration.
* Consumer risk assessments are undertaken as part of diagnostic assessment and care planning and implemented risk mitigation strategies are documented.
* Management advised staff participate in incident reporting training including responding to elder abuse and neglect and the serious incident response scheme. Staff interviewed confirmed they know how to report and respond to incidents, including suspected elder abuse.
* The organisation has an elder abuse policy and procedure that outlines strategies used to support consumers, including increased consumer engagement, attendance with consumers at clinical meetings and provision of information regarding advocacy and support services available.
* Dignity of risk procedures are in place to assist consumers to make informed choices and where they wish, to make choices involving risk, when those choices are important to their dignity and well-being.
* An incident management system is in place which records incidents that are reviewed and analysed by the quality and safety committee. Risk trends and actions required to address risks are reported to the Board to inform strategic decision making.

The organisation has a clinical governance framework in place which consists of multitiered committees overseeing clinical issues and staff accountability in delivering safe quality clinical care. The organisation has a policy and a reporting framework for clinical supervision and an internal audit system. Actions arising from clinical supervision and quality audits are used to update clinical policies and procedures.

The organisation has an antimicrobial stewardship policy in place and regularly updates its infection prevention and control policy. An antimicrobial stewardship committee provides reports to the clinical quality council, which in turn report to the Board.

Management advised staff receive training in the identification and reporting responsibilities of restrictive practices in the home environment. A restrictive practices policy and procedure is in place to guide staff practice.

Staff and management interviewed, and documented feedback and complaints actions reviewed, demonstrate the organisation practices open disclosure principles.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 8, Organisational governance.

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)