**Performance**

**Report**

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| Name: | St Simeon Village Community Services |
| Commission ID: | 200292 |
| Address: | 261 Hyatts Road, PLUMPTON, New South Wales, 2761 |
| Activity type: | Quality Audit |
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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: 3141 Serbian Orthodox Diocese Aged Care and Education Property Fund  
Service: 17759 St Simeon Village Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9097 Serbian Orthodox Diocese Aged Care & Education Property Fund Ltd  
Service: 26741 Serbian Orthodox Diocese Aged Care & Education Property Fund Ltd - Care Relationships and Carer Supp  
Service: 26742 Serbian Orthodox Diocese Aged Care & Education Property Fund Ltd - Community and Home Support

**This performance report**

This performance report for St Simeon Village Community Services (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 8 May 2024.

# 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 | **Not 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 | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 8(3)(c)** – The organisation will ensure effective organisational wide governance systems specifically related to information management, workforce governance and regulatory compliance.

The organisation will continue their review of their information systems and undertake their review of their incident management system and incident reporting forms.

The organisation will continue to develop and update their policies and procedures and form an online platform to best support staff.

The organisation will continue to contact consumers in efforts to form a robust Consumer Advisory Body.

**Requirement 8(3)(d)** – The organisation will ensure effective risk management practices and systems to manage high impact and prevalence risks associated with consumers care in supporting them to live their best life.

Ensure the organisation’s risk management and incident management systems are effectively implemented.

Ensure that consumer incident action plans contain relevant actions and are finalised with relevant information to record the measures that were undertaken.

The organisation will ensure staff education is provided including arranging contracted staff education.

# 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 advised they are treated with dignity and respect when receiving care and services from the service. Support workers demonstrated knowledge about their consumer’s backgrounds and how they support consumers’ needs and preferences. A review of consumer care plans demonstrated relevant information related consumer’s life history, culture, relationships and care goals.

The service was able to demonstrate care and services that are culturally safe. Consumers and representatives who were from different culturally and linguistically diverse (CALD) backgrounds advised that the service routinely supports their preferences including preference for particular support workers.

The service demonstrated that consumers are routinely supported to exercise choice and independence, including who they would like involved in their care. Support workers described how they support consumers to maintain their independence and to make informed decisions.

Consumers and representatives advised that they are supported to engage in risk to enable them to maintain their independence and continue to live at home. Consumers and representatives also advised that they receive information packages from the service prior to commencement of services, which supports them to engage and maintain choice and control.

The service demonstrated that consumers are provided with relevant information in order to encourage and support consumer independence, including my aged care guides, the aged care quality standards, the charter of aged care rights, relevant advocacy information, and information relating to internal and external complaints process, open disclosure, and advanced care planning.

The service demonstrated that individual consumer privacy is respected, and personal information is kept confidential. Support workers demonstrated appropriate knowledge and action in order to ensure consumer information is protected and privacy respected while delivering care.

# 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

The service demonstrated assessment and planning that is safe and effective for CHSP consumers. In relation to HCP consumers however, there were gaps in consumer assessment and planning in relation to skin integrity, continence assessment, oral care and medication administration. In their response to the Quality Audit Report, the Provider advised that the service has recruited a registered nurse who will maintain overview of clinical care for home care consumers, including oversight and management of consumer clinical assessments. The registered nurse will undertake a review of all HCP consumers & implement validated assessment tools where required, including skin integrity, pain and continence. The registered nurse will monitor changes in consumer condition, and complete reassessment if required. The service has implemented continuous improvement action to ensure that their consumer care plan template was reviewed and updated to be more consumer centric. The registered nurse will also review the service’s high risk high prevalence register to ensure all risks and mitigation actions are identified for all consumers. The service updated their high risk impact and high prevalence policy and procedures to include relevant procedures relating to the services risk and vulnerability assessment tool. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to consumer assessment and planning. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 2(3)(a).

The service demonstrated that consumer assessment and planning meets the needs, goals and preferences of individual consumers. Information related to advance care planning and end of life was found to be limited however, the Assessment Team observed the service administers relevant policies and procedures to provide appropriate guidance around advance care planning, palliative and end of life care, including an advance care planning folder with resources that is provided to consumers if required.

The HCP case manager and the CHSP team leader advised that consumer assessment and planning is undertaken in partnership with individual consumers and their families. Consumers and representatives advised of their satisfaction that assessment and planning is based on partnership and that other organisations and providers of care are routinely involved.

Consumers and representatives advised they are provided with copies of their care plan in their folder in their home. Consumers and representatives advised they are routinely kept up to date and well informed of the outcomes of consumer assessments. The HCP case manager and CHSP team leader demonstrated that they effectively communicate with consumers and their families about changes to their care plans, and this is achieved in person, via email or post, depending on the consumers’ preference.

The service demonstrated regular and effective review of consumer care plans. Care plans are reviewed at least annually by the case manager and the team leader, and reviews are routinely scheduled and conducted when there has been a change in condition identified or communicated to the service, including as a result of hospitalisation.

# 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

The service demonstrated that CHSP consumers receiving personal and clinical care are satisfied with care and services delivered by the service. However, for HCP consumers, the Assessment Team reported a lack of clinical oversight where assessments of skin and pain had not been undertaken, community specialist wound assessment had not been sought, antiemetic intramuscular injection had not been given as ordered by the general practitioner and a lack of appropriate incident reporting and response was observed. In their response to the Quality Audit Report, the Provider highlighted that the organisation has recruited a registered nurse to strengthen clinical oversight of their home care services. The service has implemented relevant validated assessment tools, including skin integrity, pain and continence assessments and have undertaken continuous improvement to ensure specialist wound assessments are actioned by the registered nursing staff. The service has arranged targeted staff education on restrictive practices and have reviewed and updated their incident management system, including their incident report forms, policy and procedures. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to consumer personal and clinical care. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 3(3)(a).

The service demonstrated effective management of high impact high prevalence risks associated for each consumer. The service administers separate clinical registers for HCP consumers and for CHSP consumers, as well as a risk and vulnerability register. The Assessment Team identified an improvement opportunity for the service to better identify and assess severity of a range of consumers risks and to implement measures to ensure the safety of each consumer commensurate with the risk. The service demonstrated timely response to consumer incidents to implement risk mitigation interventions.

The service is not currently managing consumers nearing end of life however, the service routinely provides advanced care information as part of each consumers’ in home folder. Management demonstrated appropriate ways in which the service can provide support to consumers nearing end of life, including end of life directions (ELDAC), relevant information and resources, informed discussions with families, and hospital or community palliative care referrals. The service demonstrated appropriate policies and procedures related to advance care planning, palliative and end of life care which effectively guides staff to support consumers nearing their end of life.

The service demonstrated that consumers who have experienced a deterioration or change in their condition have had their needs responded to in a timely manner. Individual consumer’s mental health, cognitive or physical function, capacity or condition is recognised and the service facilitates appropriate interventions and referrals for treatment if necessary.

Consumers and representatives were satisfied that their condition, needs and preferences are appropriately documented and communicated within the organisation, and with others where responsibility for care is shared. The Assessment Team reported delays in the HCP case manager and CHSP team leader being made aware of individual consumer’s needs and condition related to how the service storages and delivers consumer progress notes. Management acknowledged the improvement opportunity and were able to facilitate access to relevant consumer progress notes at the time of the audit. The HCP case manager and CHSP team leader highlighted that they undertake regular staff meetings to communicate information about individual consumer’s conditions, and for any urgent changes in consumer condition they text and follow-up with a phone call to the support worker providing care. The service demonstrated appropriate and timely referrals for consumers to other organisations and providers of care including registered nursing staff, occupational therapists and podiatrists.

The service demonstrated effective processes for the minimising infection related risks. The service administers relevant policies and procedures relating to infection control, and staff demonstrated an appropriate understanding of various measures they take to minimise infection related risk such as COVID-19. Consumers and representatives advised that staff routinely implement appropriate infection control practises.

# 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. | 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 on how the service routinely supports their daily living needs. This includes delivering safe and effective services reflective of their needs, goals and preferences. Support workers appropriately demonstrated ways in which they support consumer’s independence and well-being, and maintain a consumer focus when delivering care and services.

The service demonstrated an effective focus on delivering services and support that promotes individual consumers’ emotional, spiritual, and psychological well-being. Consumers and representatives advised that the service is able to recognise if a change to support is needed.

Consumers and representatives advised they are satisfied with the services and supports they receive to assist with their daily living. Support workers demonstrated appropriate familiarity with individual consumer interests and what actions they take to ensure each consumer is best supported.

The service demonstrated that information about individual consumer condition and needs is effectively communicated with others where responsibility for care is shared. This includes relevant and timely updates to allied health providers, other medical supports and services to best support consumer health and well-being.

The service demonstrated timely and appropriate referrals to providers of other care and services. Consumers and representatives advised that they the service would assist them if specific equipment is required.

# 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 advised they are supported to provide feedback and make complaints. They described the different ways they can provide feedback and explained that they feel comfortable raising matters with staff and management. Management and staff demonstrated appropriate ways they encourage and support consumers and other stakeholders to lodge feedback and complaints. Relevant information about the feedback and complaints process is provided to consumers and their representatives when a consumer commences with the service. Information packs, brochures, feedback forms and the consumer handbook and consumer agreements contain relevant information about internal and external complaints mechanisms. The service provides a box for confidential complaints at the service’s office, and the charter of aged care rights is provided and explained to consumers to ensure they understand their rights to lodge a complaint.

Consumers and representatives advised they are aware of relevant advocacy and language services, and other methods for raising and resolving complaints. Complaints documentation evidenced appropriate complaints mechanisms are being accessed, and management demonstrated relevant ways they support consumers and representatives to access advocacy and languages services, as well as external complaint mechanisms. Brochures advertising the Older Persons Advocacy Network (OPAN) are readily available to consumers and representatives in different languages.

Consumers and representatives advised they have not needed to lodge a complaint however highlighted that they would feel confident that appropriate action will be taken by the service in response. Management and staff demonstrated appropriate knowledge about open disclosure principles, and highlighted that these principles are routinely applied by staff and management.

Consumers and representatives advised that feedback and complaints are used to improve the quality of their care and services. Management demonstrated that consumer feedback and complaints are incorporated into the organisation’s continuous improvement processes where actions are recorded in their plan for continuous improvement. The process is monitored and managed by senior management and discussed at relevant meetings. The Assessment Team reported that continuous improvement changes resulting from feedback include increased consumer engagement opportunities to facilitate codesign, service improvements, consumer ideas and innovation, education for staff on the strengthened Aged Care Quality Standards, and education on the serious incident response scheme (SIRS).

# 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

The service demonstrated a workforce that is planned to enable delivery of safe quality care and services. Consumers and representatives provided positive feedback in relation to support workers arriving on time and contacting them if delayed. Consumers and representatives advised that the service routinely accommodates their requests for changes to the roster and to best support their medical appointments. Rosters are prepared in advance and the service demonstrated that all shifts are filled. Requirement 7(3)(a) is compliant.

Consumers and representatives advised that staff are kind and caring and consumers are treated with respect. Management interactions were observed to be caring and respectful. All staff are provided education on the service’s code of conduct and staff training and processes align with their code principles. Staff demonstrated effective knowledge of individual consumers and routinely spoke about them in a respectful manner. The service has consumers from diverse backgrounds, and consumer care planning includes relevant information related to individual consumer background, needs and preferences. Requirement 7(3)(b) is compliant.

The Assessment Team reported that the organisation was unable to demonstrate that staff are clinically competent and knowledgeable to effectively perform their roles. Management was unable to demonstrate sufficient knowledge to effectively evaluate and monitor support workers’ knowledge about the serious incident response scheme (SIRS). The organisation does not have a position for a qualified registered nurse rather relying on subcontracting to external services. Staff were unable to demonstrate sufficient clinical knowledge to oversee all consumers with clinical needs or to ensure consumer care plans contain relevant clinical information. In their response to the Quality Audit Report, the Provider highlighted that the organisation has recruited a registered nurse to strengthen clinical oversight, and the service has undertaken SIRS training for all staff, including online and in attendance. The organisation has reviewed their brokerage contacts to ensure aged care banning orders are routinely reviewed, as well as ensured education is delivered and access to relevant policies and procedures is granted. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the organisation’s workforce competency. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 7(3)(c).

The Quality Review Report noted that the organisation was unable to demonstrate a workforce that has the appropriate qualifications or knowledge to perform their roles. Specifically, the service does not employ a qualified and experienced staff member to ensure safe and quality clinical oversight, rather relying on brokered nursing services that present with deficiencies in relation to induction and ongoing education for contracted staff. The organisation’s recruitment policy and procedures do not include instructions for checking banning orders and the induction for support workers was limited to a two-hour conversation with no formal training or evaluation against the Quality Standards. The organisation did not demonstrate an effective system to prioritise education topics, including the serious incident response scheme (SIRS) education for all staff. In their response to the Quality Audit Report, the Provider highlighted that in addition to recruitment of a registered nurse, the organisation has updated their policies and procedures related to recruitment, ensuring that the aged care banning order register is checked and that relevant training & education, prior to commencement of service delivery, is provided to new staff. This includes evaluation of their knowledge prior to a new employee commencing services with consumers. All staff have undertaken relevant SIRS education and the organisation has applied a staff education matrix in order to monitor and address any education needs. The organisation is also reviewing their contractor induction processes to ensure that contracted staff receive relevant and timely education on their policies and procedures. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the organisation’s workforce recruitment and training. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 7(3)(d).

The organisation demonstrated regular and effective monitoring and review of staff performance, including a formal staff performance appraisal process. All staff have undertaken an annual performance appraisal conducted by the CHSP team leader or HCP case manager. Staff performance are routinely reviewed in response to consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by management. The organisation’s staff performance appraisal records demonstrate that performance appraisals are up to date, and staff advised that they participate in their annual performance appraisal and are provided with an opportunity to raise any training, education or development needs. Requirement 7(3)(e) is 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. | Not Compliant | Not 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. | Not Compliant | Not 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

The service demonstrated that consumers and representatives are engaged in the development, delivery and evaluation of care and services. Consumer surveys are conducted to measure consumer and representative satisfaction, and management advised that the organisation have issued invitations to consumers to form a consumer advisory body.

The organisation demonstrated a culture of safe, inclusive and quality care and services. The board delivers on the organisation’s commitment to a culture of safe, inclusive and quality care and this is highlighted in the organisation’s vision, mission and values and reflected in policies and procedures. The service’s culture reinforces the provision of person-centred care and services, and the organisation’s staff education program ensures that these principles are familiar to staff. However, the Assessment Team reported that the board is not accountable to ensure care and services are safe, inclusive and high quality. In relation to quality care and services, there is a lack of clinical oversight of consumers, including relevant appropriate assessment and planning. The board has not ensured senior staff and all support workers were trained in the serious incident response scheme (SIRS), and there is a lack of evidence that the board is monitoring staff education. Banning orders are not routinely checked before employing new staff, and staff induction for new staff is limited. The Assessment Team highlighted ineffective oversight of sub-contracting arrangements including daily reporting requirements. In their response to the Quality Audit Report, the Provider highlighted the organisation’s improvement measure to recruit a registered nurse to strengthen their clinical oversight, as well as to establish robust systems to report staff education and training to the board on a regular basis. The Provider advised that the organisation now routinely checks the aged care banning order register and newly inducted staff undertake a thorough mandatory training program prior to commencing services with consumers. The organisation are revising and developing new contractor agreements and induction processes with oversight from the board. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the organisation’s governing body. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 8(3)(b).

The organisation demonstrated an appropriate continuous improvement system however, the Assessment Team reported that it is not being implemented in a timely manner to support safe and quality care and services. The organisation’s information management, workforce governance and regulatory compliance systems were not effective to ensure safe quality care and services. Consumer care planning documentation is a hard copy system and not readily accessible by management and support workers. Consumer progress notes in consumers’ in-home folders are not routinely provided to the office in a timely manner for monitoring by the CHSP team leader and HCP case manager, and management confirmed that policies and procedures are not readily accessible by staff. Continuous improvement actions are not routinely implemented in a timely manner including consumer engagement, staff resourcing, appropriate access to policies and procedures, electronic care planning systems and appropriate sub-contracting agreements. The organisation’s workforce is monitored by management and the board maintains oversight of consumer care needs, clinical data, feedback from consumers and staff, and benchmarking data. However, the governing body lacks oversight of consumer clinical care requirements, staff education and training completion, robust recruitment program to provide a stable workforce and up to date and accessible policies and procedures related to recruitment. Changes to aged care regulation and legislation are monitored by the organisation, and the organisation implements legislative and policy updates. Management and staff are notified of the changes and the organisation delivers relevant training, however, the governing body was unable to demonstrate that all regulatory compliance and legislative requirements are being met, including a consumer advisory body, SIRS education and requirements, code of conduct and banning order requirements, and a focus on sub-contracting agreements. The Provider supplied a response highlighting that the organisation is reviewing their information systems and has undertaken review of their incident management system and incident reporting forms. Further, the organisation are developing and updating their policies and procedures and forming an online platform to best support staff and are contacting consumers again in efforts to form a robust Consumer Advisory Body. I acknowledge the actions taken to work towards compliance against the Aged Care Quality Standards, however, I note that time to embed and evaluate actions is required. At this time I provide greater weight to the Assessment Team’s findings in relation to the effective organisation wide governance systems. As such, I find the service non-compliant in Requirement 8(3)(c).

The organisation demonstrated an appropriate risk management plan, related policies and procedures, consumer vulnerability matrix and a consumer risk register. However, the organisation was unable to demonstrate effective risk management systems to ensure high impact/high prevalence consumer risks are effectively managed. Management were unable to identify the most significant risks to consumers including clinical oversight and workforce governance, and staff and management were not effectively identifying or recording consumer incidents, including SIRS considerations for medication incidents and change in condition. The organisation’s consumer incident form does not include investigation and evaluation and the organisation’s incident register does not contain details of analysis, investigation, evaluation, and sustainability of resolutions. In their response to the Quality Audit Report, the Provider highlighted that the newly recruited registered nursing staff is tasked to review current clinical consumer needs. The registered nurse will review, implement, and maintain validated assessment tools for relevant consumers. The registered nurse will monitor changes in consumer condition, and complete reassessment if necessary, as well as monitor and update the high impact and high prevalence risk register. The Provider also highlighted that the organisation has reviewed their incident management system and incident reporting form and their related policies and procedures are set to be updated and reviewed by consultants. Staff education will be provided and contracted staff education will be arranged. I acknowledge the actions taken to work towards compliance against the Aged Care Quality Standards, however, note that time to embed and evaluate actions is required. At this time I provide greater weight to the Assessment Team’s findings in relation to the effective risk management systems and practices. As such, I find the service non-compliant in Requirement 8(3)(d).

The service demonstrated a clinical governance framework that includes policies and procedures for antimicrobial stewardship, minimising the use of restraint and open disclosure. Relevant education is included in the organisation’s annual education program for staff, however the service was unable to demonstrate their clinical governance framework is effective. The Assessment Team reported limited clinical oversight including consumer clinical assessments and reassessments by registered nursing staff or case managers updating the consumer care plan to ensure clinical care and services are appropriate to meet consumers’ needs. Changes to or deterioration of consumers’ physical, clinical or psychological condition are not routinely managed effectively. Management and staff knowledge of restrictive practices is not competent, and consumer clinical incidents are not routinely reported and considered under SIRS. In their response to the Quality Audit Report, the Provider highlighted that the organisation will deliver greater clinical oversight in response to the duties aligned to the newly recruited registered nurse. This includes improved oversight of consumer deterioration as a result of holistic reassessment of consumers who experience change in their condition. The organisation has delivered on their focus on restrictive practices identification and education for staff as well as education and development for staff to identify and respond to SIRS incidents. The Provider also highlighted that the organisation will ensure that the board report will contain information from the clinical governance meetings to support the board’s oversight and management of consumers identified on the clinical risk register. I acknowledge the actions taken to ensure compliance against the Aged Care Quality Standards, and at this time I provide greater weight to the Provider’s response in relation to the organisation’s clinical governance framework. As such, my decision differs from the Assessment Team’s recommendation and I find the service compliant in Requirement 8(3)(e).

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