**Performance**

**Report**

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| Name: | Starcode Home Services |
| Commission ID: | 500321 |
| Address: | 463 Scarborough Beach Rd, OSBORNE PARK, Western Australia, 6017 |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2024 to 22 November 2024 |
| Performance report date: | 22 January 2025 |

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: 9117 Starcode Pty Ltd  
Service: 26808 Starcode Pty Ltd - Care Relationships and Carer Support  
Service: 27923 Starcode Pty Ltd - 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)

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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 | | 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 across all services stated staff make consumers feel respected and valued as an individual with consumers never made to feel unimportant or disrespected. Staff provided examples of how they treat consumers with dignity, such as respecting consumers’ boundaries and using their preferred name or pronoun. Management advised there are no complaints from consumers related to staff conduct. However, they described how in such instances they would offer the consumer the option to lodge a formal complaint. Staff were knowledgeable of individual consumer backgrounds and spoke respectfully when referring to consumers.

Consumers and their representatives advised staff who provide services are knowledgeable of specific consumer’s cultural needs and preferences. Consumers and their representatives confirmed services and supports effectively meet consumers’ cultural needs and preferences. Staff demonstrated familiarity with the individual cultural and language needs and preferences of consumers. Staff advised, and management confirmed, the completion of mandatory cultural awareness training. Management confirmed every attempt is made to provide staff who meet the consumer’s cultural preferences. Documentation confirmed the organisation has a cultural inclusion policy that guides staff practice.

Consumers described in various ways how the services support and involve them, and those they wish to be involved, in making decisions about their care and services. Authorised representatives of consumers confirmed involvement in consumer decision making processes. Staff interviewed described providing a client centred approach to care delivery that supported consumers to exercise choice and maintain connections. Management advised consumers are supported to make decisions about their care and services by a client guided approach to service planning from initial assessment to service delivery.

Consumers confirmed they are encouraged to do things independently and staff respect the decisions they make. Care staff advised they can access information related to risks associated with a consumer’s care from hard copy or electronic care plans. Care staff described mitigating strategies used, such as encouraging the use of mobility aids for high falls risk consumers. Coordination staff advised dignity of risk is discussed with consumers during initial assessment and planning and provided examples of risk assessments completed and mitigating strategies discussed and agreed upon with consumers.

Consumers and their representatives expressed satisfaction with the information they receive to help them make decisions about the care and services consumers receive. Staff described strategies used to ensure information is effectively communicated, such as concurrently providing important information to cognitively impaired consumers and their authorised representatives. Consumer documentation demonstrated clear identification of services is provided in accessible format for consumers. In addition, consumer initial assessments include reference to preferred methods of communication.

Consumers and their representatives consistently reported staff respect consumer privacy whilst delivering care and services. Staff explained they protect consumer information and privacy by seeking consent prior to engaging additional service providers or clinicians in consumer care. Care staff also provided practical examples of respecting consumer privacy, such as knocking on doors prior to entering rooms or asking for permission before providing personal care. The organisation maintains an information and communication policy to guide effective confidentiality and privacy requirements.

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

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| 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 is compliant for each service.

Consumers and their representatives expressed satisfaction with assessment and care planning processes completed which assisted to identify services required to assist consumers maintain their independence and quality of life. Coordination staff advised assessment and care planning onboarding processes include identification of consumer risk, including completion of a home safety assessment. The organisation has assessment and care planning policies and procedures in place which provides guidelines for staff to follow when planning consumer care and service provision. Consumer documentation shows assessment and care planning are undertaken on commencement with the service and regularly updated. In addition, observations of assessments completed identified consumer goals and strategies required to achieve the goals.

Consumers and their representatives interviewed confirmed assessment and planning processes assist consumers to identify their goals and preferences. Coordinators advised service goals related to approved CHSP service referrals are identified and confirmed during initial assessment. In addition, coordinators advised advanced care directives and end of life planning is discussed with consumers during the initial assessment process and information provided as required. A review of documentation confirms completed advance care directives are recorded in the electronic care management system. Specific policies and procedures in place set out the organisation’s approach to the development of consumer centred goals of care.

Consumers and their representatives explained how they are involved in the development of care plans including how services are to be provided. Care staff advised whilst care plans available provide guidance on care to be delivered, consumers are always consulted at service delivery to determine their specific needs or preferences of the day. Management demonstrated, and documentation confirmed, a commitment to actively engage consumers, carers, and other relevant organisations or individuals in the assessment, goal setting and care planning process.

Consumers and representatives said they have access to a care plan found in the home file and confirmed when changes are made, they are provided with an updated version of the care plan. Staff advised they receive information of consumer’s needs, goals and preferences from care plans that are available on their mobile application.

Consumers and their representatives interviewed confirmed consumer care plans are regularly reviewed. Coordination staff advised all consumer care plans are reviewed at a minimum annually as well as if changes in care needs are identified. Coordination staff also advised the electronic care management system generates alerts to track overdue reviews and a monthly report to action. The organisation has policy and procedures outlining the timeframes for the regular or periodical review of consumer goals, needs and preferences.

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

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| 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 is compliant for each service.

Consumers expressed satisfaction with the safe and effective personal care provided by knowledgeable care staff. Coordination staff advised they consult with consumers and their representatives to ensure personal care services are provided in line with consumer needs and preferences. Care staff described how they individually tailor personal care services to ensure consumers are comfortable. Management advised the organisation ensures that the personal care provided is best practice through their assessment process. This process incorporates assessment on mobility, falls, cognition, nutrition and personal hygiene management. The organisation has a comprehensive suite of policies and procedures specific to the provision of consumer personal care.

Consumers and their representatives confirmed the effective management of consumer high-impact or high-prevalence risks. This included confirming staff are aware of specific consumer care risks and apply monitoring mitigating strategies. Care staff confirmed understanding the needs of consumers impacted by high-impact or high-prevalence risks and discussed using mitigating strategies, such as encouragement to use mobility aids. A sample of consumer care plans included clear instructions to guide staff practice in minimising the effect of high-impact or high-prevalence risks for each consumer. In addition, a review of the organisation’s incident data confirmed information is discussed at incident management meetings. Strategies to reduce the risk of the incident reoccurring are implemented and staff are updated appropriately.

The organisation does not deliver consumer end-of-life care. However, there is a process to ensure consumers receive appropriate end-of-life supports when required. This includes discussing advance care directives with consumers during initial assessment and documenting outcomes in the electronic care management system. In addition, management advised the organisation works in partnership with specialist palliative care teams. Several staff advised they have been provided with an opportunity to complete end of life directions aged care training.

Consumers and their representatives expressed confidence in staff who know consumers well and satisfaction with responses taken for recognised and reported consumer deterioration. Care staff described contacting their team leader and completing progress notes and incident forms upon identification of changes in a consumer’s condition. Coordinators advised consumer deterioration is identified through feedback received from care staff or consumers as well as regular care reviews. Coordinators confirmed if issues are identified reassessments are conducted and the care plan is changed. In addition, consumers are assisted to seek additional services through My Aged Care. The organisation has a recognising and responding to clinical deterioration policy that outlines staff responsibilities in responding to the deterioration or change in a consumer’s mental health, cognitive or physical function or capacity.

Consumers and their representatives consistently reported care staff are aware of consumer care needs, and they do not have to repeat instructions or direct staff in what to do during service delivery. In addition, consumers and their representatives advised they are kept informed and are aware of any consumer information shared with another person within or outside of the organisation. Care staff advised changes to and concerns about consumers are documented in progress notes and appropriate escalation to office staff as required. Consumer documentation showed the organisation provides sufficiently detailed information to enable staff to provide safe and effective consumer care and services.

Consumers and their representatives confirmed staff support consumers to apply for referrals through the My Aged Care portal. Consumer documentation showed the organisation ensures appropriate referrals are made in a timely manner. The organisation has procedures to guide staff referring consumers to My Aged Care including when a clinical incident or change in the consumer’s condition occurs.

Consumers and their representatives stated they are satisfied with the measures staff take to protect consumers from infection. Staff said they perform hand hygiene, access and wear personal protective equipment as required, participate in infection control training, and do not work when they are unwell. Management advised the organisation has an embedded clinical governance framework which includes antimicrobial stewardship with care staff advising they are aware of the need to monitor consumer use of antibiotics. Documentation confirmed all staff within the organisation have completed infection control training, have access to infection control guidelines, pandemic preparedness protocols and standard precaution information.

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

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| 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. | 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. | Not Applicable |

Findings

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

Consumers described how daily living supports received, such as gardening support have greatly increased their independence and quality of life. Staff provided practical examples of how they support consumers to maintain independence and quality of life, including working together to complete housekeeping tasks. Coordination staff advised each consumer’s daily living needs, goals and preferences are identified and documented prior to commencement of services. Management emphasised the importance of ensuring services and supports provided optimise consumer independence and quality of life. Care planning documentation confirmed information regarding each consumer’s interests and hobbies are recorded to guide staff practice.

Consumers and their representatives expressed satisfaction with daily living supports provided, such as domestic assistance and gardening support which promote consumer well-being. Care staff described strategies used, such as listening to consumers and providing reassurance when emotional or psychological distress was apparent. Care staff also confirmed appropriate escalation to coordination staff for follow up and review. Care planning documentation reviewed shows there is mention of consumers’ emotional, spiritual, and psychological needs in client profiles, including mitigating strategies recorded.

Consumers and their representatives confirmed services and supports provided support consumers to access the community, engage in activities and hobbies of interest and maintain social interactions and relationships. Staff described the services they provide consumers (such as transport) to help them stay connected and participate in the community. Management advised consumer interests are discussed during assessment and planning with information in relation to their interests, past occupations, hobbies, and preferences in participation documented. A review of consumer care documentation evidenced coordination staff gather the consumer’s story to inform care staff how they can best support the consumer.

Consumers and their representatives reported staff are knowledgeable of consumer’s care needs and preferences and do not need direction to complete tasks. Staff demonstrated they understood each consumer’s preferences, needs and health issues and described how relevant consumer updates are communicated to them via teams, emails or telephone calls. In addition, care staff discussed how they document electronic progress notes after each service and escalate consumer concerns as appropriate. Management advised and documentation evidence each service seeks consent from consumers prior to releasing or sharing information with others.

Management described, and documentation confirmed, referral processes are in place for consumers who are interested in accessing external services. This includes referrals made to My Aged Care for consumers to access culturally appropriate social groups.

Requirement 4(3)(f) is not applicable as the organisation does not receive funding for the preparation and/or delivery of meals.

Requirement 4(3)(g) is not applicable as the organisation does not receive funding to provide equipment.

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

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| 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. | Not Applicable |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

This Quality Standard is not applicable as the service does not provide care and services in a physical service environment.

# Standard 6

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| 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.

Consumers and their representatives throughout the organisation advised they are encouraged and supported to provide feedback and make complaints and would contact the office if there were any issues. Staff advised they encourage consumers to complete feedback forms and call the office if they have any concerns. In addition, subcontracted staff described how they would call or email the organisation if a consumer raised a compliant or a concern. Management advised consumers have access to the organisation’s electronic care management system where they can provide feedback or make a complaint. Management also advised consumer feedback is actively sought through care staff and annual surveys. Documentation confirmed information on complaint and feedback processes are provided in consumer welcome packs and are available on the organisation’s website.

Consumers and their representatives said they knew how to access advocates, language services and other methods of raising a complaint if required. Staff described how consumers were supported to access language services, other external complaint mechanisms and advocacy groups. Management advised, and the consumer welcome pack confirmed, information on consumer rights to an advocate, languages services, and other methods for raising and resolving complaints are provided upon onboarding.

Consumers who had made a complaint or provided feedback expressed satisfaction with prompt and appropriate responses received. Consumers advised they felt staff and management give an honest explanation when things go wrong and are reassured issues raised would not happen again. Staff demonstrated an understanding of the open disclosure process, describing providing apologies, investigating matters, actioning changes, and keeping the consumer or representative informed throughout the process. Management described, and documentation confirmed, how open disclosure practices are used to resolve feedback and complaints.

Consumers said they were confident the organisation used feedback and complaints to improve the quality of their care and services. Management stated the organisation routinely monitors feedback and complaints to ensure they are reviewed and used to improve the quality of consumer care and services. In addition, management advised a quarterly report containing trended analysed feedback and complaints is provided to the Board to create continuous improvement opportunities. Examples of continuous improvement plans resulting from consumer feedback, include the initiation of dedicated care teams to assist with consistency of consumer care.

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

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| 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 confirmed the organisation delivers planned care and services and they are informed of shift changes when required. Coordinators advised workforce planning is guided by weekly recruitment and retention meetings which is informed by information from My Aged Care and enquiries from different cultural and linguistically diverse groups. Management described unplanned staff leave scheduling processes in place that prioritised the allocation of higher need services, such as personal care. Internal rosters showed all shifts are currently permanently allocated to support continuity of care for consumers.

Consumers across all service locations and their representatives’ described staff delivering care and services as kind, caring and respectful. Staff described demonstrating kindness and respect to consumers by listening to their lived experience stories and respecting their individuality. Management advised of the use of bilingual care staff to assist with meeting the cultural diversity needs of consumers.

Consumers and representatives confirmed staff are competent and know exactly what they are doing. Staff confirmed receipt of job descriptions that identified minimum requirements of their role. Management explained the organisation ensures staff are competent and capable in their role through the recruitment process, mandatory training schedule and annual appraisals. Documentation showed all support workers have a minimum of a Certificate III in Aged Care or equivalent and a current first aid and cardiopulmonary resuscitation certificate. Brokered staff service agreements include statutory declarations evidencing suitable qualifications of staff providing services. Documentation showed prior to commencement staff are requested to provide relevant compliance checks, including police certificates, driver’s licence, suitable qualifications and registrations. Staff are also subject to reference checks.

Staff said they were satisfied with the support provided to equip them to complete their roles, such as an induction process with buddy shifts. Staff confirmed completion of mandatory training requirements and access to further requested training opportunities. Management discussed the staff training matrix and register which includes infection control, manual handling, dementia specific training, elder abuse, open disclosure and cultural awareness training. The internal compliance system showed all staff had undertaken mandatory training. This information is captured in a monthly report which sends alerts of expiry dates for training and compliance to relevant managers for further follow up.

Consumers and their representatives advised their feedback regarding the performance of staff providing consumer care and services is sought through surveys. Staff confirmed annual appraisals occur and felt confident that the process was effective at supporting them with identifying training needs. Management advised, and documentation confirmed, a collaborative process of monitoring and formally reviewing staff performance is conducted at least annually.

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

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| 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 said they were engaged in the development, delivery and evaluation of care and services and felt their input fed into broader service improvements. Consumers and their representatives confirmed completion of feedback and survey forms. Staff said they found the organisation to be well run and were encouraged to provide ongoing feedback. Management described how they engaged with consumers through feedback and suggestion forms, annual surveys and quarterly emails. Management advised to further increase consumer engagement, invitations to join the consumer advisory body are sent out. Documentation showed evidence of consumer engagement feeding into the organisation’s continuous improvement action plans.

The organisation’s Board is comprised of a majority of independent non-executive members and one member with experience in providing clinical care. The Board meets quarterly and receives compliance, quality, incident, risk and feedback and complaints reports (including in relation to subcontracted services) to determine the appropriate actions and steps required to provide safe quality care to consumers. Meeting agendas and minutes showed evidence of reporting to the Board.

There are effective organisation wide governance systems in place addressing information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information management systems in place ensure consumer information is stored securely with the use of passwords and two-factor authentication. Staff confirmed they can access information electronically to help them in their roles. This includes access to organisational policies and procedures and consumer care plans found in the organisation’s electronic care management system.

Continuous improvement systems and processes are used to assess, monitor and improve the quality and safety of consumer care and services. This includes the use of a continuous improvement plan which clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and status against the Quality Standards.

Financial governance is overseen by the chief financial officer, including delivery of financial summaries and overview reports to the Board.

Workforce governance processes ensure all staff within the organisation have a position description describing their role and responsibilities. In addition, staffing numbers are collated, analysed and reported regularly to the Board. Management advised subcontracted services are managed through service agreements.

The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Systems and processes are used to monitor consumer feedback and complaints received and to identify continuous improvement opportunities. The Board receives analysed feedback and complaint data.

Effective risk management practices and systems were demonstrated. Care staff were aware of their responsibilities to report any suspected or identified abuse and neglect of consumers and could identify high-prevalence risks associated with the care of consumers including, falls or wound risks. Care staff confirmed completion of training in identifying abuse and neglect of consumers. Care staff described how they escalated, reported and recorded any incidents including deterioration of a consumer’s condition in the organisation’s client incident risk management system. Management advised risks entered are transferred to a monitored dashboard. Serious incidents are escalated to the Board. Management advised policies and procedures in place ensure incident management and reporting occurred. This includes the review, investigation and analysis of incidents to identify strategies required to address individual or trending consumer or staffing needs.

The organisation has a clinical governance framework in place. There is active engagement with the clinical and quality care committee to promote and support safe high-quality services for all consumers. Clinical incidents are analysed and only closed by the clinical manager after an incident analysis meeting. Antimicrobial stewardship policies and procedures include providing antimicrobial stewardship information to consumers to assist with awareness and understanding of the use of antibiotics. Staff undergo minimising the use of restraint training to understand what restraint looks like and how to report any concerns to the organisation and have access to restrictive practice policies and procedures. The open disclosure policy and procedure describes actions staff are to take in response to consumer complaints.

# 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)