**Performance**

**Report**

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| Name: | Start Nursing Services Pty Ltd |
| Commission ID: | 201392 |
| Address: | Level 3, Suite A307, 20 Lexington Drive, BELLA VISTA, New South Wales, 2153 |
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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: 9029 Start Nursing Services Pty Ltd

Service: 26991 Start Nursing Services

**This performance report**

This performance report for Start Nursing Services Pty Ltd (**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 on 4 December 2023 and 7 December 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not 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.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Not 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. | Not Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service demonstrated that consumers are treated with dignity and respect and their culture is valued. Consumers are predominantly of Persian culture and Baha’i faith with many staff from the same cultural background who understand their culture and speak their language, which consumers appreciate. Care and services delivered by the service are culturally safe, however further consideration is required for consumers who are of other cultures.

The Assessment Team reported that not every consumer is supported to exercise choice and independence and in their response to the Quality Audit Report, the Approved Provider highlighted their immediate and proportionate approach to contact the consumers mentioned in the report to ensure that the care and services currently provided suited their current needs. Further, the Approved Provider highlighted that consumer choice is recorded clearly in the service’s customer records management (CRM) systems.

The service was unable to demonstrate that each consumer is supported to engage in risk to enable them to live their best lives. In their response, the Approved Provider highlighted that risk and associated mitigation strategies are discussed with consumers rather than documented in the service’s CRM. To maintain compliance, a service must demonstrate appropriate and effective documentation of relevant information to guide staff, including staff who may not be familiar with each consumer. The Approved Provider highlighted that the service is introducing further risk assessment guides/processes to work towards compliance in requirement 1(3)(d), and I acknowledge these remediation efforts, however these improvements will take time to embed.

The service was unable to demonstrate that information provided to each consumer is current, timely and accurate in a way that is easy to understand. Correspondence is not provided in a language to support every consumer’s easy understanding, and in their response to the Quality Audit Report, the Approved Provider to did not demonstrate how they support consumers to understand information that is important to their care and services.

The service demonstrated that consumer information is kept confidential and their privacy is respected. Computers and electronic information systems are password protected and have levels of access depending on staff role and responsibilities. The service’s information technology is virus protected and office doors remain closed when conversations occur, and secure information is stored in filing cabinets and folders. The service maintains an appropriate privacy, confidentiality and consent policy.

The Quality Standard is assessed as non-compliant as two of the six specific requirements have been assessed as non-compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Not 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. | Not 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. | Not 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. | Not 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. | Not Compliant |

Findings

The service was unable to demonstrate effective assessment and planning that includes consideration of risk to consumer health and well-being. The service does not routinely document consumer risk assessments, rather as noted in the Approved Provider’s response, the service relies on verbal discussions with consumers to maintain a level of oversight of each consumer’s care needs. The service does not use any validated tools or forms including those designed for skin integrity assessment, activities of daily living assessment, diabetes management plans, or continence assessments.

The service did not demonstrate effective systems and processes to ensure that assessment and planning identifies and addresses each consumer’s needs, goals and preferences. The service relies on consumers or their families to identify and raise their own needs and to make requests to the service. This does not ensure the service has addressed the current needs of each consumer. The service was unable to demonstrate any effective systems for managing consumer advance care planning or end of life planning.

The service was unable to demonstrate an appropriate process or system for reviewing consumer needs or care plans and services. The service does not provide an effective liaison with contracted allied health providers where information is shared and key supports needs are updated to ensure the best care and services are provided to consumers.

The service was unable to demonstrate an effective system to provide care plans to consumers or their representatives. As routine consumer assessments are not attended and documented by the service, the outcomes could not be communicated to consumers, and support workers do not have access to the service’s CRM system. The service explained that essential consumer information is included as ‘shift notes’ in the rostering system, which is visible to support workers, however the Assessment Team reported that many consumer files in the rostering system did not have any shift notes recorded.

The service was unable to demonstrate an effective process or system for providing a regular review of consumer care and services, including when circumstances change or when an incident occurs. The service highlighted that majority of communication is verbal and not documented.

The Approved Provider provided a response to the Quality Audit Report and supplied a copy of their Home Care Agreement, information relating to home based risk, a Rowland Universal Dementia Assessment Scale form, and their house key authorisation form. The Approved Provider highlighted the service’s approach is focusing on calling consumers and representatives and verbally undertaking assessment and planning tasks. In their response, the Managing Director advised that as they are a clinician, and aware of assessments such as diabetic management, pain management, continence management etc, and that there is no need for these assessments to be conducted again by our service since consumers are already under the proper allied health management for these conditions.

These response actions do not demonstrate appropriate measures at the service and I find the Assessment Team’s findings to be more compelling in regard to compliance for ongoing consumer assessment and planning.

The Quality Standard is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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. | Not 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. | Not Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not 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. | Not Compliant |

Findings

The service was unable to demonstrate effective personal and clinical care for every consumer that is tailored to their needs and which optimises their health and well-being. The service is not appropriately identifying and documenting consumer clinical needs and ensuring routine outsight to ensure that best practice care is provided. This includes a lack of effective assessment, consideration and management of high-impact or high-prevalence risks. The Assessment Team reported that the service had not appropriately documented support and mitigation strategies for consumers who are at risk of experiencing pain, at risk of illness due to their medical diagnoses, at risk of deterioration due to their condition, cognitive impairment or clinical status, or vulnerable in some other way. In their response to the Quality Audit Report, the Approved Provider highlighted that the service is introducing another, more robust, risk assessment form in order to capture information related to individual consumer risk and how the service can best support these consumers. These remediation efforts are acknowledged, however will take time to implement and embed.

The service was unable to demonstrate effective processes on how they support consumers nearing their end of life to ensure the consumer’s comfort is maximised and their dignity is preserved. The Approved Provider, in their response, did not provide any relevant information to support the service’s approach to compliance in requirement 3(3)(c).

The service was unable to demonstrate that they have effective mechanisms or processes to recognise and respond to deterioration of consumer condition. Support workers advised that they report concerns to the service, however, in some cases, these concerns are not investigated or acted upon. Consumers and representatives advised the Assessment Team that they are required to take action themselves, without assistance from the service, and also explained that no action had been taken following reports of deterioration or change in a consumer’s condition.

The service was unable to demonstrate effective documentation of consumer condition, needs and preferences either within the organisation or with others where responsibility of care is shared. The service lacks appropriate record keeping processes to ensure the information obtained verbally is recorded or documented. The Assessment Team reported that consumer care plans were very basic with minimal consumer-centric information, and support workers do not have access to consumer care plans. Progress note entries were service-centric or task based, and lacked information about a consumer’s condition.

The service was unable to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. In their response to the Quality Review Audit, the Approved Provider highlighted that consumers generally have an allied health service engaged already or find one with their family or friend recommendation.

The service lacked oversight, education, management and understanding of relevant principles to minimise risks related to infection. The service was unable to represent precautions they take or practices they implement to promote appropriate antibiotic prescription and use.

The Approved Provider’s response does not demonstrate appropriate measures at the service and I find the Assessment Team’s findings to be more compelling in regard to compliance for management of effective personal and clinical care.

The Quality Standard is assessed as non-compliant as seven of the seven specific requirements have been assessed as non-compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not 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. | Not Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Compliant |

Findings

Consumers and representatives spoke highly of support workers, advising that they are helpful and know what consumers need and want. Support workers explained how they assist consumers with various activities of daily living and provide support to attend activities and appointments of the consumers’ choice. Consumers advised that they are satisfied with the services they receive to help them participate in their community and to participate in things of interest to them. Consumers advised that when they request transport services to attend activities of their choice, this is provided, and consumers and representatives advised they are supported to attend swimming, group activities and visiting friends and family. With these considerations, I find the service compliant in Requirements 4(3)(a) and 4(3)(c).

The service was unable to demonstrated that consumers are routinely assessed for their emotional, spiritual or psychological well-being and the service does not provide services or supports unless it is initiated by a consumer or representative. Further, documentation in consumer files is insufficient. Consumer preferences are not recorded in care plans other than tick-box selections, and this was not consistent across the CRM and rostering systems. Management explained that they discuss details and gather relevant information from consumers and their families and then inform support workers, however the Assessment Team was unable to review and corroborate the effectiveness of this information. In their response to the Quality Audit Report, the Approved Provider referenced their CRM and their Turn Point system, however was unable to demonstrate evidence of clear, concise and consumer-centric documentation that is routinely reviewed and update to ensure the best care and services are provided to every consumer. The Approved Provider was also unable to demonstrate a robust process to maintain oversight and provide support for every consumer in relation to their emotional, spiritual and psychological well-being. With these considerations, I find the service non-compliant in Requirements 4(3)(b) and 4(3)(d).

The service was unable to demonstrate an effective system to ensure timely and appropriate referrals are made to individuals, other organisations and providers of other care and services to best support consumers. The service advised that consumers or their families know what they need themselves and in their response to the Quality Audit Report, the Approved Provider advised that they have created a list of reputable providers in many specialties to be utilised for referral if consumers need assistance with any external services. Consumers and representatives advised the Assessment Team that they need to organise allied health and community group activities they attend themselves.

The service was unable to demonstrate effective processes or systems for ensuring equipment purchased using home care package funds is safe and suitable for every consumer. Management advised that consumers know what they need and inform the service, each consumer then sources the equipment themselves and presents an invoice to the service for payment or receipt for reimbursement. The Assessment Team reported that the service does not engage in occupational therapy or physiotherapy assessments prior to purchase of consumer assistive technology, and the service does not make recommendations for where consumers can purchase equipment or gather additional information.

The Approved Provider’s response does not demonstrate appropriate measures at the service in regard to supporting consumer’s emotional, spiritual and psychological well-being, effectively communicating consumer’s condition, needs and preferences, mechanism and documenting timely and appropriate referrals for consumers, or ensuring equipment is safe, suitable, clean and well maintained. I find the Assessment Team’s findings to be more compelling in regard to services and supports for daily living.

The Quality Standard is assessed as non-compliant as four of the seven specific requirements have been assessed as non-compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Not 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. | Not Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The service was unable to demonstrate that consumers and representatives are encouraged and supported to make complaints or provide feedback. Information on how to lodge a complaint is provided to consumers upon admission to the service, however the information was identified as out of date. The service agreement includes complaints information, however is only provided in English. Management advised that feedback is collected throughout the year and the Assessment Team observed some information in the service’s documentation system, however the feedback is mainly around staff performance. The service did not demonstrate an appropriate complaints register.

The service was unable to demonstrate that consumers are made aware of advocacy services, language services and other methods of raising and resolving complaints. Management advised that they include a consumer rights and responsibilities form in the consumer welcome pack. Management advised that they have not used language services as consumers may speak some English or their families can translate for them. The service agreement states that consumers can discuss their complaints with their home care coordinator or via the service’s email address, however, it includes outdated reference to the “Aged Care Quality & Safeguard Commission”.

The service was unable to demonstrate an appropriate and effective system to record and respond to complaints, mainly due to a lack of systems to record and track complaints and feedback. Management were unable to provide reference or report of past complaints from consumers or representatives and, as such, the service was unable to demonstrate that staff apply open disclosure when things go wrong.

The service was unable to demonstrate that feedback and complaints are reviewed as the service does not record this information. The service does not manage a continuous improvement plan. As such, the service is unable to demonstrate review and effective management of complaints or strategies to improve the quality of care and services for consumers.

In their response to the Quality Audit Report, the Approved Provider supplied information sheets around incident management, and complaints and feedback, as well as their last financial year incident register spreadsheet with two entries. The Approved Provider also supplied the services ‘2024 Client Feedback Form’ and their serious incident response scheme (SIRS) presentation.

The Approved Provider’s response does not demonstrate appropriate measures at the service in regard to feedback and complaints, and I find the Assessment Team’s findings to be more compelling at this time.

The Quality Standard is assessed as non-compliant as four of the four specific requirements have been assessed as non-compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not 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. | Not Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Not Compliant |

Findings

The service provides a culturally specific workforce to address the culture and diversity of the consumer population, however, wider identity and diversity is not captured in each consumer’s assessments and documentations. Consumers and representatives provided positive feedback regarding kind and caring interactions and staff demonstrated how they effectively listen to consumers and respect their decisions for what they want done or where they would like to go on social outings and shopping services. With these considerations, I find the service compliant in Requirement 7(3)(b).

The service was unable to demonstrate that the workforce has the adequate number of staff to deliver and manage safe and quality care. The service was unable to demonstrate effective systems to enable staff to adequately manage their roles to ensure that care is safe. The managing director undertakes registered nursing responsibilities, as well as taking on the role of care coordinator and undertakes consumer visits, assessments, and consumer reviews.

The service was unable to demonstrate that staff have the knowledge and competence to effectively perform their roles. The service has not correctly identified consumers with clinical care needs and does not use validated assessment tools. Service management required clarification to understand the term ‘donning and doffing PPE.’ The Assessment Team observed that support workers were certificate 3 qualified in aged care, however, the service was unable to provide evidence, including education records or staff meetings, to demonstrate ongoing education relevant to each staff member’s role. In their response to the Quality Review Audit, the Approved Provider supplied a summary of what’s required in the service’s employment pack, YouTube and Zoom training links and reference to other, ad hoc meetings and training material. The evidence provided did not demonstrate a coordinated and appropriately recorded education and training system, and as such the service was unable to demonstrate that the workforce is recruited, trained, equipped and supported to deliver outcomes required by the quality standards. As a result, the service lacked understanding and application of consumer-centric care, assessment, documentation, care planning, safety and risk identification and management, incident management and continuous improvement. Support workers advised the Assessment Team that they have sought additional information and training independently, and have not received formal training, including manual handling and infection control, nor been assessed as competent for aspects of their roles routinely attended such as taking vital sign observations (e.g.: blood pressure, blood glucose reading).

The service does not formally assess, monitor and review the performance of staff. Management and administration staff stated that they do not perform annual performance reviews, and review of staff files confirmed that this does not occur at the service. In their response to the Quality Review Audit, the Approved Provider advised that the service regularly communicates with staff to discuss various issues and give them right direction. This is not formally recorded.

The Approved Provider’s response does not demonstrate appropriate measures at the service in regard to human resources, and I find the Assessment Team’s findings to be more compelling at this time.

The Quality Standard is assessed as non-compliant as four of the five specific requirements have been assessed as non-compliant.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Not 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. | Not 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 |
| 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 |
| 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. | Not Compliant |

Findings

The organisation was unable to demonstrate systems to encourage and support consumers to be engaged in the development, delivery and evaluation of care and services they receive. Management highlighted ongoing consultation between consumers and the managing director and/or care coordinators, there is no documentation to support that consumers are engaged in the development of services, including assessment of needs, request for particular services, likes and dislikes and preferences around times of services. Representatives advised the Assessment Team that when they engage with the service to increase care and services or request changes to services length of time or days, the service will make changes considering budget and staff availability, and personal care and clinical needs are not considered. When care plans are reviewed, there is no evidence of effective consumer involvement, and consumer progress notes are service-centric, and the service demonstrated overall lack of consumer engagement.

The organisation was unable to demonstrate a culture of safe, inclusive and quality care and services, or accountability for the delivery of care and services. Consumer incidents are not routinely identified or investigated, the organisation lacks a strategic direction as well as application of systems to ensure consumers receive safe quality care and services. Policies and procedures are generic and often not adhered to by the service. The service was unable to demonstrate quality assurance mechanisms, such as robust auditing mechanisms to ensure quality is maintained and improvements are made.

The organisation was unable to demonstrate effective organisation-wide governance systems. The service utilises multiple electronic documentation systems, one as a CRM and the other as a rostering tool. Staff receive text message notification of their appointments/services, however, support workers do not have access to consumer care plans or detailed service instructions. The electronic documentation systems are independent of each other. Training records are not maintained, and the service is unable to evidence training records. The service was unable to provide minutes of meetings nor able to evidence employment contracts or enterprise agreement in staff files. The organisation does not complete staff performance appraisals. The service’s code of conduct policy was out of date and the reportable incidents policy required update. The organisation was unable to demonstrate effective records of feedback and complaints and does not administer an effective complaints register.

The organisation was unable to demonstrate they have effective risk management systems to identify risk, manage high impact or high prevalence risks and prevent incidents. Consumer files include a risk assessment for consumers, however only completed for consumers who live alone. Risk assessments for fall risks or skin integrity risks are not routinely completed. Management rely on the consumer communicating with the service if they believe they have a problem. Emergency management is included in consumer files consisting of a checklist that includes assault, robbery and other violent crimes, building fires, pandemics, however these are not individualised and omit relevant information on typical emergency situations such as weather events, bushfires, evacuation information and power outages.

The organisation was unable to demonstrate an effective clinical governance framework that appropriately captures, records and supports analysis of relevant consumer information such as incidents, risks, feedback, and complaints to measure clinical quality and safety performance. The organisation was unable to demonstrate up to date policies and procedures or provide evidence that the service is ensuring that the workforce is supported, with adequate supervision and advice, when providing clinical or personal care to consumers. The service was unable to demonstrate that staff have been trained in infection control procedures, and the service was unable to demonstrate effective management of consumer restraint, including environmental, chemical and physical practices.

The Approved Provider’s response did not demonstrate appropriate measures at the service in regard to effective organisational governance, and I find the Assessment Team’s findings to be more compelling at this time.

The Quality Standard is assessed as non-compliant as five of the five specific requirements have been assessed as non-compliant.

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)