**Performance**

**Report**

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| Name: | TEAMhealth Aged Care |
| Commission ID: | 600270 |
| Address: | Level 1, Building 4, 631 Stuart Highway, BERRIMAH, Northern Territory, 0828 |
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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: 118 Top End Association For Mental Health Incorporated  
Service: 17949 TEAMhealth Aged Care

**This performance report**

This performance report for TEAMhealth Aged Care (**the service**) has been prepared by L. Malone, 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
* the provider’s response to the assessment team’s report received 30 January 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 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers are treated with dignity and respect, and their individuality, identity and culture are valued. Some consumers provided examples of respect such as staff knowing and encouraging them to achieve what is important to them. Staff provided practical examples of how they provide dignified and respectful care and services such as being polite or kind, respecting consumer’s choices and seeking to know consumers as individuals and understand who they are. Care documentation provided details on what respect and dignity mean to individual consumers.

Consumers and representatives described the care and services consumers receive as culturally safe. Staff demonstrated knowledge of cultural safety and described it as appreciation of cultural diversity, understanding what is important to an individual’s cultural practice and connecting with consumers of shared backgrounds. Staff said they receive training in cultural safety and can access interpreting services if required. Consumer care documentation was found to contain information to support culturally safe practice. The service has policies and a Reconciliation Action Plan to support culturally inclusive and safe practice.

Consumers and representatives were satisfied consumers are supported to exercise choice about how their care and services are delivered and are able to communicate their decisions with others involved in their care. Some consumers described how social supports provided through the service keep them connected to friends, or how staff involve their chosen family and friends in decision making. Staff said consumers are encouraged involve other people they wish in their care and demonstrated knowledge of who is important to individual consumers. Care documentation provided evidence of consumer’s engaging in decisions and involving those they choose, and their choices being implemented and respected in their care and service delivery.

Consumers and representatives said consumers are encouraged to take risks and live their best life and described how the supports they receive contribute to their quality of life. Staff were able to describe what kind of support they provide to consumers and the relationship to the individual consumer’s wellbeing. Care documentation provided information on what living a best life means to individual consumers.

Consumers and representatives were satisfied with the way information is provided to them. Consumers receive a range of written information such as a welcome pack, the Aged Care Charter of Rights and monthly statements and said it is relevant to their decision making and easy to understand. The Assessment Team found some errors in written information during the Quality Audit which management planned to immediately rectify. I am satisfied this will be undertaken based on evidence in the form of consumer feedback stating when they identified an error and reported to management it was promptly rectified.

Consumers and representatives were satisfied consumers’ information privacy is protected and personal privacy is respected in ways that are meaningful to them. Staff and management described ways that access to consumer care file information is limited to those that need it and that they receive relevant training in information sharing.

I have considered the evidence as summarised above and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e), and 1(3)(f) to be Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback about assessment and care planning and were satisfied risk assessments are undertaken at the commencement of Home Care Package (HCP) services and are reviewed. Some consumers recalled being assessed for risks of falls and skin injuries and felt the service considered these risks and how it impacts them in daily life. Staff said they receive information to manage risks to individual consumer’s wellbeing through the rostering system at the point of service and the consumer’s care plan. Staff were satisfied assessment information informs the care plan and supports safe and effective care. Management described the assessment process and how they consider risks in care planning. Care documentation aligned with evidence provided by staff and consumer interviews.

Consumers and representatives were satisfied the consumer’s needs, goals, and preferences are identified and supported through assessment and care planning, and that staff talk to them to understand their current needs. Care planning documentation provided information of individual consumer’s needs, goals and preferences, and details of the planned supports and services to assist them. Care documentation viewed by the Assessment Team also provided evidence of discussions with consumers about Advance Care Planning (ACP) and/or their end-of-life wishes.

Consumers and representatives felt engaged in assessment and care planning, and that they can make decisions about how care and services are delivered, and who is involved in consumers’ care. Staff described how they support consumers in choices such as respecting their preferences for how care such as mobility support or personal care is delivered. Staff described a partnership with the consumer and their chosen family, friends, and representatives they wish to involve in decision making. Care documentation provided details of the individual consumer’s supports and services and contact information for those involved in care.

Consumers and representatives confirmed they can access consumers’ care plans and that information regarding the outcomes of assessment and care planning is provided to them. Consumers said they have copies of their care plan in their homes. Care staff provided current examples of recent communications of consumers under their care and described documented information to support consumer care as accessible and reliable. Management confirmed that outcomes of assessments and reviews, including risks, hazards, needs, goals, and preferences are documented in the service’s electronic care management system. The Assessment Team viewed consumer care file information and found it to align with evidence provided by staff and consumers during interviews.

Consumers and representatives said care planning is reviewed when things change, such as following a hospital admission, as well as annually. Some consumers provided details of recent reviews that had been undertaken and how they support their health or wellbeing. A review of those individual consumers care documentation by the Assessment Team demonstrated reassessment, and reviews of care planning occur in response to identified changes. Reviews of care consider the consumer’s functional ability, home environment, risks, and support needs. Staff were about to describe what would prompt a review of care, and how the process supports safe and effective care.

I have considered the evidence in the Quality Audit Report, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) to be Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives were satisfied that consumers’ personal and clinical care is delivered in a way which maximises their health and wellbeing and is tailored to their specific needs. Care staff described how they provide care in line with the consumer’s documented care plan which may include directives from nursing or other health professionals. The Assessment Team reviewed consumer care documentation in relation to personal care and wound care and found the care delivered is in line with planned care for the individual consumer, is best practice, and optimises wellbeing.

Staff including care staff, clinical staff and team leaders demonstrated knowledge of high-impact, high-prevalence risks to consumer wellbeing such as falls risk or risks related to skin injuries and wounds. Staff were able to describe how they identify and manage these risks for individual consumers. The service has implemented a new observation form which is completed by direct care staff and submitted to the consumer’s case manager to report any changes. The consumer case manager reviews this to note any change in risks for the consumer. A review of care documentation by the Assessment Team found evidence of reassessment of risks following incidents and that risks were considered comprehensively. For example, for a consumer with heart failure, the impact of this on nutrition, weight, mental health, medication and other medical conditions were recognised and monitored. Consumer care file information provided clear and concise directives as to when to seek medical review where appropriate to consumers care.

The service does not provide palliative care but has relationships with external palliative care services and refer consumers as appropriate. Management said the service works in partnership with palliative care teams to meet consumer’s needs and wishes towards the end-of-life. Staff and management said that when a consumer enters palliative care, the service maintains communication with the family, medical practitioners, and palliative care staff to provide ongoing support.

Consumers and representatives said that staff know consumers well and would recognise a change in their condition, health, or functional ability. Care documentation viewed by the Assessment Team demonstrated examples of where deterioration, such as in consumer’s mobility level, was identified and responded to. Actions were implemented to improve the consumer’s condition. Consumers confirmed that actions taken in response to the deterioration were beneficial to them and improved their mobility. Care staff described the process to report observed changes in a consumer’s condition through a written tool which is reviewed by management, and said they would report any change in mobility, social supports, mental health, or level of independence.

Consumers and representatives were satisfied external providers of care such as a consumer’s medical practitioner are informed about changes in their medical condition and said they do not need to repeat information to staff. Staff advised they document and communicate information about consumer’s care and services in care plans, case notes, emails, daily rosters and through verbal communication. Staff confirmed information they receive is relevant and up to date, and accurately communicates consumer’s needs, goals, and preferences. Care documentation viewed by the Assessment Team demonstrated effective communication and documentation within the service, including when care is shared with internal and external providers.

The service was able to demonstrate timely and appropriate referrals occur in response to identified consumer needs. The service utilises a range of other organisations and care providers such podiatrists, speech pathologist or community or centre-based exercise programs. Staff provided recent examples of referrals they had made for consumers such as to allied health professionals for assessment following falls or equipment prescription or to internal clinical staff for a clinical review. Care documentation evidence aligned with information provide by staff during interviews, and demonstrated referrals are timely and appropriate.

Consumers and representatives said they observe staff participating in infection control practices such as using personal protective equipment (PPE). Staff and management described how the service minimises the risk of infections through the use of PPE, infection prevention and control training, discussion of relevant topics relate to infection control at meetings, staff vaccination requirements, and through organisational policies and procedures. Documentation viewed by the Assessment Team included evidence of staff infection prevention and control training and vaccination, and organisational infection control policies and procedures.

I have considered the evidence, as summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) to be Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed that consumers get the care and services of daily living to support their independence at home and community and provided examples of how services such as transport to hydrotherapy, or to a social support group assist them to have a good quality of life and maintain her social connections. Staff described how the services and supports provided assist consumers with activities of daily living, and how these are tailored to their needs, goals, and preferences. Staff demonstrated knowledge of what is the right supports and services for individual consumers and how these contribute to consumers achieving their goals, or to their quality of life. Care planning documentation viewed by the Assessment Team provided relevant information and aligned with evidence provided by staff and consumers during interviews.

Consumers and representatives said staff are attentive to consumer’s emotional wellbeing in a meaningful way with some describing how without the services they receive, they would feel lonely. Staff and management advised that a number of consumers are socially isolated, and the service implements regular welfare checks to ensure emotional and psychological wellbeing. Staff and management demonstrated knowledge of what is important to individual consumers emotional, spiritual, or psychological wellbeing, the current supports in place and knowledge of what supports are available for any consumers who are facing emotional difficulties.

Consumers and representatives described how services enable consumers to participate in their community, for example, through provision of transport to attend appointments, go shopping or to attend group activities. Consumers spoke positively of the benefits of these social and community connections and of how the services supports them to do things they enjoy. Staff and coordinators described how they support consumers to attend activities in their community such as shopping, appointments, social support groups, including through the provision of transport services and support of a care worker. This was confirmed through care planning documentation viewed for sampled consumers.

Consumers and representatives said that staff know the consumer’s needs, goals and preferences in relation to their activities of daily living and social supports, and that they do not need to repeat information. Consumers said staff refer to the consumer’s care plan in their home folder and make notes in the same folder. A representative said they are able to understand care delivered through this communication system. Staff advised that consumer notes are documented electronically and in the consumer’s home folder and that they are alerted about consumer changes through the electronic system or verbally. Care documentation viewed by the Assessment Team demonstrated effective systems of communication and documentation as information was current, relevant and aligned with consumer and staff interviews.

Consumers were satisfied timely and appropriately referrals are made when the need is identified and provided examples such as being referred to allied health for equipment recommendations or home modifications. Staff were able to identify a range of services and providers they utilise to support consumers in their activities of daily living or social participation such as community groups and were able to describe the referral process and indications for these types of services. Care documentation reviewed by the Assessment Team demonstrated timely referrals made in response to identified social support needs.

Some consumers provided positive feedback about the quality and quantity of meals while others provided examples of items not to their satisfaction. Staff said meals are provided to consumers through meals delivery suppliers, or consumers are supported with meals preparation in their home as required. Care documentation was found to provide information as to the kind of support with meals consumers received. The Assessment Team found some consumer complaints were not documented, and actions to rectify had not yet been taken in response. The provider submitted a response to the Quality Audit Report which provides further information and evidence of actions taken in response to individual consumer’s dissatisfaction, and evidence of processes to ensure meals are suitable for consumers and meet their dietary requirements and preferences. The provider has also submitted information related how they will continue to monitor consumer satisfaction and performance in Requirement 4(3)(f).

Consumers and representatives who have equipment in place to support their independence or participation in activities of daily living said the equipment is regularly checked by staff for any maintenance issues. Consumers described being assessed for the equipment and felt it is safe and appropriate to their needs. Staff said consumers are assessed by an occupational therapist prior to the purchase or provision of any equipment, and that equipment is either hired or purchased from preferred suppliers, who also provide maintenance or repair services. Care planning documentation viewed by the Assessment Team confirmed that equipment such as mobility aids, shower chairs or electric beds are prescribed appropriately and are safe for consumer’s use.

I have considered the evidence, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) are Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 Standard is Not Applicable as the service does not provide centre or community-based services, and only provides care and service in the consumer’s home. Requirements 5(3)(a), 5(3)(b) or 5(3)(c) have not been assessed.

# Standard 6

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

Findings

Requirement 6(3)(d)

The Assessment Team recommended this Requirement as ‘not met’ as examples of complaints raised by consumers were found to be not documented in the complaints register. Issues in these complaints related to workforce or scheduling, food quality or food not meeting dietary requirements or staff not delivering care in line with the consumer’s needs or preferences.

The provider submitted a response which provides clarification of the service’s processes of documenting feedback, and evidence of effective systems to review feedback and complaints and to identify opportunities to improve care and services. The evidence provides examples of consumer feedback and how various levels of management are involved in review, resolution, and continuous improvement actions. The provider also submitted information which relates to how performance against this requirement is monitored.

I have considered the evidence, as summarised above, and I am satisfied it demonstrated feedback and complaints are reviewed and used to improve care and services. I find Requirement 6(3)(d) to be Compliant.

Requirements 6(3)(a), 6(3)(b), 6(3)(c)

Consumers and representatives said in various ways they are encouraged to provide feedback and feel safe to do so. All consumers and representatives interviewed by the Assessment Team said they knew how to make a complaint and felt able to discuss their concerns with staff who provide their care or contact the service’s office. Some consumers provided examples of recent complaints they had raised. Written information informing them of the feedback and complaints process, and of their right to provide feedback, is provided to consumers and representatives.

The service’s consumer handbook informs consumers of their right to be represented by an advocate or to access language services such as interpreters and provides details of how to access these services. The Assessment Team observed staff supporting consumers to link with advocacy services during the Quality Audit and demonstrated knowledge of when and how to utilise these services.

Consumers and representatives were satisfied that when they raise feedback or concerns, their feedback is actioned, and those who had raise a complaint were satisfied with the actions taken or described staff handling it respectfully. The Assessment Team found documentation evidenced an open disclosure process is used in dealing with complaints or responding to consumers when things go wrong. The Assessment Team state under this Requirement that during interviews, staff could not describe open disclosure or Serious Incident Response Scheme (SIRS). I consider the delivery of SIRS training to be relevant to Requirement 7(3)(d) and the systems and processes related to the identification, reporting and oversight of SIRS to be relevant to Requirement 8(3)(d) and will consider this information under those Requirements. In relation to staff knowledge of open disclosure, I am satisfied the examples presented in the Quality Audit Report demonstrate that staff discuss issues in an open way with consumers when something goes wrong.

I have considered the evidence, as summarised above, and find Requirements 6(3)(a), 6(3)(b) and 6(3)(c) to be Compliant.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied with the number and mix of staff and felt the workforce deployed deliver safe and effective care and services. Management and rostering staff described how the roster and workforce is planned, including the management of unplanned leave. Management described ongoing recruitment and how the workforce is planned to meet the needs of consumers.

Consumers and representatives interviewed were satisfied staff are respectful, kind and caring, with some saying staff approach consumers’ care with a sense of humour or ‘fun’. Staff were able to provide examples to demonstrate how they treat each consumer respectfully and knowledge of consumer’s individual preferences including cultural needs and background. Staff said they are guided by what the consumer or their representative identifies is right for consumers and know this through consumer care file information.

Consumers and representatives were satisfied staff are competent in their roles and know how to provide the right assistance for consumers. Staff who provide direct care are required to have a minimum qualification of a Certificate III in Aged Care qualifications. The Assessment Team reviewed documentation related to workforce competency and found position descriptions to outline expectations and competencies. Staff are supported to develop relevant competencies through training, supervision and ‘shadow shifts’, and the service has processes for monitoring the competencies of the workforce.

Management described the services’ recruitment and induction process including police certificate and checks of registration or qualifications prior to being offered a position. Staff access relevant training through online and face-to-face modules and are supported in induction with supervision and ‘shadow shifts’ with a more experienced worker. Training information is provided to staff via internal emails, a newsletter, and the online training platform. The Assessment team found the services training schedule to include training in infection control, hand hygiene, PPE and preventing elder abuse and demonstrate evidence of staff participation in these modules.

All staff have a responsibility to recognise and prevent serious incidents, however I have limited my consideration of the impact of this workforce knowledge deficit to Requirement 8(3)(d) and placed weight on the evidence of effective training systems that are accessible for staff, a schedule of training delivered and evidence indicating staff have participated in training in the prevention of elder abuse.

The Assessment Team found the service has an effective system of performance review and implemented scheduled assessments of staff performance. Documentation viewed by the Assessment Team demonstrated that staff have had a performance and development review undertaken within the last 12 months. Management advised that the service has an underperformance process that is managed by the direct supervisor of the staff member and supported by the human resources team.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) to be Compliant.

# Standard 8

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

Findings

Requirement 8(3)(d)

The Assessment Team recommended this Requirement as ‘not met’.

The Assessment Team found the organisation has a risk management framework which includes risk management policies and procedure, and the service has a risk register. However, the Assessment Team found not all incidents were documented in the risk register. The Quality Audit report states incidents are reported to the governing body each month.

In their response the provider clarifies incident reporting and documenting processes and submits supporting evidence. The evidence demonstrates effective incident reporting and oversight by management and the governing body. The provider described how incidents are reviewed and responded to by the governing body to prevent risks to consumers. The providers’ response includes evidence related to the Serious Incident Response Scheme (SIRS) and described how the governing body monitors performance against this Requirement.

I have considered the evidence, as summarised above, and I am satisfied the evidence submitted by the provider demonstrates effective risk management systems and practices. I find Requirement 8(3)(d) to be Compliant.

Requirement 8(3)(a), 8(3)(b) and 8(3)(e)

Consumers did not specifically provide feedback in relation to Requirement 8(3)(a) but stated they had recently completed and submitted a survey on the services they receive. This survey is conducted annually, and the results are used to ensure development of the strategic plan in alignment with feedback from consumers. The Quality Audit Report presents evidence of the organisation’s approach to inclusion and diversity, and notes the organisation has a Reconciliation Action Plan and Reconciliation Committee who reports to the governing body quarterly. I also note under Requirement 8(3)(b) it states a consumer representative sits on the organisation’s governing body.

The organisation’s governing body is a Board of Directors (the Board) comprised of 6 members including a medical practitioner, financial analyst, business owner, economist, an information technology specialist, and a consumer representative. The Board meet 5 times a year and the organisation has a number of subcommittees who report to the Board. The Board receives communications from management and subcommittees on consumer feedback and complaints, consumer surveys, clinical indicators, and quality reports. A monthly meeting is held for managers and leadership staff to discuss communications and directives delivered by the Board.

The Assessment Team found the service has information management systems to support effective management of consumer information, staff communications and other processes. Management could provide examples of continuous improvement activities; however, the organisation did demonstrate a documented plan for continuous improvement at that time. The Assessment Team found evidence of effective systems of financial governance and workforce governance but observed some workforce members to not have a contract and stated the organisation plans to address this. In the provider’s response dated 30 January 2024, further evidence of effective governance systems related to continuous improvement is provided including a documented continuous improvement plan and description of how opportunities for improvements are identified and actioned at the governing body level. The provider also provides clarifying evidence regarding workforce contracts and provides satisfactory explanation and evidence to demonstrate appropriate agreements are in place.

Management advised that the governing body has oversight of clinical practices through a monthly meeting between senior staff and the chief executive officer (CEO). In relation to restrictive practices, management said training is planned for staff and identified types of mechanical restrictive practice. One example related to the use of bed rails is noted where the evidence does not describe the equipment being implemented by the provider, but management demonstrated appropriate identification of restrictive practices, and described how the risks associated with the use of bed rails are minimised for the consumer. Management and staff confirmed they have training in medication prompting to support safe and effective service delivery. The organisation has a documented policy and procedures related to open disclosure and to support the management of infectious outbreaks, including COVID-19.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) to be 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)